

Sheppard Pratt
Retreat Outpatient Dialectical Behavior Therapy (DBT) Program
Patient Self-Assessment and Treatment Planning Form

Name: _____

DBT Group Therapists: _____

Psychiatrist: _____

Primary Therapist: _____

Date of Review: _____

Commitment End Date: _____

1. If there have been any changes in who is involved in your treatment what are they?
(Providers added or subtracted, vacations, etc) _____

2. Diagnoses

3. Circle any of the following physically harmful behaviors needing treatment currently.

Suicide:	Thoughts	Plans	Acts
Body harming:	Thoughts	Plans	Acts
Other self harmful:	Thoughts	Plans	Acts

Intervention/plan: _____

4. Circle any of the following Therapy Interfering Behaviors needing attention currently:

Attendance	Motivation	Inappropriate use of medications
Homework	Participation	Excessive hospitalization
Honesty	Excessive demands	

Other/describe:

5. What things are you doing that severely interfere with the Quality of your Life?

Misuse of drugs

Eating excessively

Focusing on one side of thoughts/feelings

Other:

Intervention/ Plan: _____

6. Primary Target:

Patient Signature: _____

DBT Therapist Signature _____