

# PERSONALITY DISORDER BC

## Group Transference-Focused Psychotherapy (TFP-G) Referral Form

Please note that patients do not need to have an established personality disorder diagnosis to be referred. For more information on BPD screening, consider the McLean screening instrument for borderline personality disorder (MSI-BPD).

### For more information on TFP:

- 1) [A Guide to Transference-Focused Psychotherapy | McLean Hospital](#)
- 2) [About Transference-Focused Psychotherapy \(TFP\) – ISTFP.ORG](#)

### Please check to confirm:

The patient is aware of this referral and consents to receiving an email from us with our intake forms.

The patient is engaged in regular structured activity outside of therapy (e.g. at least 24 hours per week of paid employment, school or parenting), which is an indispensable component of the TFP treatment frame, and a requirement to join one of our groups.

### Please briefly describe their current engagement in structured activity:

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The patient is aware that heavy regular substance or alcohol use is incompatible with the TFP treatment frame.

The patient is aware that inter-session contact in the TFP model is limited to scheduling matters, and that the therapy is limited to the therapy hour. If a patient is looking for 24/7 access to phone coaching, consider DBT.

The patient is aware that a referral to our practice is not a guarantee that they will be seen for ongoing psychotherapy. An assessment will be done first, and it may be the case that our recommendation is for a different kind of psychotherapy (e.g. DBT or supportive psychotherapy).

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## Other exclusion criteria to note:

- 1) Age <19 or >50
- 2) Antisocial traits or significant history of aggressive/criminal behaviour.
- 3) History of TBI with residual cognitive impairment.
- 4) Psychosis (schizophrenia, schizoaffective disorder, delusional disorder, history of stimulant induced psychosis etc.).
- 5) Bipolar I Disorder.
- 6) Severe current major depressive episode.
- 7) Suspected or diagnosed neurodevelopmental disorder with associated intellectual disability e.g. FASD.
- 8) Autism spectrum disorder.
- 9) Severe active substance use disorder.
- 10) Patients who cannot commit to reliable attendance.
- 11) Patients who cannot join a virtual appointment from a private space.
- 12) Primary diagnosis of conversion disorder or functional neurological disorder (FND).

Our services are covered by MSP, although we do charge a no-show fee if patients cancel with less than 24 hours of notice or miss more than 3 groups in a 6 month period. Once we receive a referral we will email patients an intake form to complete. **If they do not respond within two weeks the referral will be declined.**

## Referring MD/NP Information:

Referring MD/NP's name: \_\_\_\_\_

Referring MD/NP's fax number: \_\_\_\_\_

If the patient lives outside of Greater Vancouver or Victoria, please check this box to confirm that the referring provider intends to continue seeing the patient locally. This relates to the CPSBC practice standard for virtual care that "formal affiliation with in-person providers where the patient resides" is required.

Referring MD/NP's signature: \_\_\_\_\_

MSP number: \_\_\_\_\_ Date of referral: \_\_\_\_\_

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## Patient Demographic Information:

Legal name: \_\_\_\_\_

Preferred name (if different): \_\_\_\_\_

Pronouns: \_\_\_\_\_ Date of birth: \_\_\_\_\_

PHN: \_\_\_\_\_ Phone number: \_\_\_\_\_

What city/town does the patient live in? \_\_\_\_\_

Email address: \_\_\_\_\_

\*\*\*Please write neatly, if we cannot read the email address the referral will be returned\*\*\*

**Please fax completed referrals along with any previous psychiatric consultations to:  
(250) 412-2028**