

Referral Form: MST-Psychiatric

Please include Written Order or Psych Eval with this form, per IBHS requirement

*1. Referring Professional 2. Agency 3. Contact Info				*Date of Referral	
*Youth First Name			*Youth Last Name		
Youth Phone Number			*Youth DOB	Youth Age	
Sex at birth	Gender Identity	Pronoun Pref.	Race		
MA #			Soc Sec #		
*Guardian/Parent/ Caregiver of Youth					
*Relationship to Youth					
*Address			*Primary Phone		
*Reason(s) for MST Referral: Check any of the following that are problematic					
Youth Behavioral Characteristics			Youth-School Characteristics		
<input type="checkbox"/> Severe or chronic psychiatric symptoms			<input type="checkbox"/> Expelled or dropped out of formal education		
<input type="checkbox"/> Self-harming behavior			<input type="checkbox"/> Attending alternative school setting – not mainstream		
<input type="checkbox"/> Hospitalization due to psychiatric symptoms			<input type="checkbox"/> Multiple suspensions for problem behavior		
<input type="checkbox"/> Youth physical health or medical concerns			<input type="checkbox"/> High association with antisocial school peers		
<input type="checkbox"/> Violent/physically aggressive behavior			<input type="checkbox"/> Low affiliation with prosocial school peers		
<input type="checkbox"/> Verbally aggressive or threatening behavior			<input type="checkbox"/> Poor relationships with school staff		
<input type="checkbox"/> Robbery, theft			<input type="checkbox"/> Attendance problems		
<input type="checkbox"/> Vandalism, destruction of property			<input type="checkbox"/> Academic problems – risk of failure		
<input type="checkbox"/> Drug-related criminal offending			<input type="checkbox"/> Other- describe:		
<input type="checkbox"/> Substance use			Youth-Peer Characteristics		
<input type="checkbox"/> Running away			<input type="checkbox"/> Gang membership or strong affiliation		
<input type="checkbox"/> Non-compliance with probation or court order			<input type="checkbox"/> High affiliation with mostly antisocial peers		
<input type="checkbox"/> Non-compliance with family rules & expectations			<input type="checkbox"/> Mixed antisocial and prosocial peers		
<input type="checkbox"/> Other- describe:			<input type="checkbox"/> Low affiliation with prosocial peers		
Caregiver Characteristics					
<input type="checkbox"/> Caregiver mental health concerns			<input type="checkbox"/> Caregiver substance use concerns		

* Indicates the most necessary information

EXCLUSIONS

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- Youth in need of immediate psychiatric hospitalization due to threat of harm to self-others, psychosis, suicidal or homicidal thoughts/behaviors (MST-Psychiatric is appropriate once youth are stabilized)
- Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism.

Please Direct Referral To:

Agency Name	MHY Family Services: MST Psychiatric
Primary Address	521 Route 228 Mars, PA 16046 (Main Campus)
Contact for More Information:	Director: Lukas Carothers lcarothers@mhyfamilyservices.org
Phone/Fax	P:724-625-3141 F:724-625-2226