521 Route 228 Mars, PA 16046
Telephone 724-625-3141 Fax 724-625-2226
info@mhyfamilyservices.org

Referral Form

Residential

Referral Date: ☐ Previous MHY Client

Client Name:		MA#:	
SS#:		DOB:	

Other Insurance:		Phone #:	
Address:		Policy #:	

Parent/Legal Guardian

Name:		Phone #:	
Address:		Phone #:	
County:			

Referral Source

Name:		Agency:	
Relationship:		Phone #:	
Fax #:			

Reason for Referral (Please note the intensity and frequency of symptoms/behaviors.)

Presenting Behaviors

- ☐ Physical Aggression
- ☐ Verbal Aggression
- ☐ Substance Abuse
- ☐ Impulsive Behavior
- ☐ Attention Problems
- ☐ Oppositional Behaviors
- ☐ Family Dysfunction
- ☐ Social Withdrawal
- ☐ Depression/Suicidal Behaviors
- ☐ Truancy

Strengths

Client Name:		MA#:	
SS#:		DOB:	

DSM-5 Diagnosis ☐ N/A

Psychiatric Diagnoses:	
Medical Diagnoses:	
Psychosocial Stressors:	

Plan for Discharge

Current Medications and Dosages

Medical Information

Special Needs, Medical Issues, Allergies, Diet, etc.:			
Approximate Height:		Approximate Weight:	

☐ Confirmation of Current Physical (No more than one year from the admission date.)
Actual copy of the physical is required upon admission.

Educational Information

Contact Person and Title:		Grade:		☐ Current ☐ Last Completed
School Name:		Phone #:		
District:		Fax #:		
	Please check one:	☐ Regular Education	☐ Special Education	

Client Name:		MA#:	
SS#:		DOB:	

All Other Programs/Agencies Involved

Adjudication Status: ☐ Dependent ☐ Delinquent ☐ N/A

CYS Involvement Name:		Phone #:	
		Fax #:	
JPO Involvement Name:		Phone #:	
		Fax #:	
Juvenile Court Judge Name:		Phone #:	
		Fax #:	
Return Court Date:			
Behavioral Health Name:		Phone #:	
		Fax #:	
Other Name:		Phone #:	
		Fax #:	

Please fax referral to:

Sarah Thomas/Dawn Crissman
MHY Family Services
521 Route 228
Mars, PA 16046
Phone: 724-625-3141 x 252
Fax: 724-625-2226