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 #			*Youth DOB	Youth Age	
Sex at Birth		Gender Identity Pronoun Pref.	Race		
MA #			Soc Sec #		
*Guardian/Parent/ Caregiver of Youth					
*Relationship to Youth					
*Address			*County		
*Primary Phone					

***Reason(s) for MST Referral: Check any of the following that are problematic.**

Youth Behavioral Characteristics	**Youth-School Characteristics**
☐ Severe or chronic psychiatric symptoms	☐ Expelled or dropped out of formal education
☐ Self-harming behavior	☐ Attending alternative school setting-not mainstream
☐ Hospitalization due to psychiatric symptoms	☐ Multiple suspensions for problem behavior
☐ Youth physical health or medical concerns	☐ High association with antisocial school peers
☐ Violent/physically aggressive behavior	☐ Low affiliation with prosocial school peers
☐ Verbally aggressive or threatening behavior	☐ Poor relationships with school staff
☐ Robbery, theft	☐ Attendance problems
☐ Vandalism, destruction of property	☐ Academic problems- risk of failure
☐ Drug-related criminal offending	☐ Other-describe:
☐ Substance use	**Youth-Peer Characteristics**
☐ Running away	☐ Gang membership or strong affiliation
☐ Non-compliance with probation or court order	☐ High affiliation with mostly antisocial peers
☐ Non-compliance with family rules and expectations	☐ Mixed antisocial and prosocial peers
☐ Other- describe:	☐ Low affiliation with prosocial peers
Caregiver Characteristics	
☐ Caregiver mental health concerns	☐ 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**