

MULTI-SYSTEMIC THERAPY (MST) REFERRAL FORM

MST is a family community based treatment for youth with complex clinical (including substance use), social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and intervene positively with each youth. To make a referral, please call or fax this form to the provider in your area.

- CT Junior Republic- (c) 860-719-1060 (f) 860-482-7664 (Danbury/Torrington)
- NAFI (c) 860-222-5316 (f) 860-560-0769 or 860-465-8258 (Middletown/Waterford)
- The Village for Children and Families (c) 860 707-3670 (f) 860-231-8449 (Hartford/New Britain)
- The Village for Children & Families (c) 860-985-2491 (f) 860-231-8449 (Rockville/Willimantic)
- Wheeler Clinic (c) 475-222-6022 (f) 203-754-2326 (New Haven/Waterbury)
- Wheeler Clinic- (c) 203-910-6152 (f) 860-793-4440 (Bridgeport/Stamford)

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|---------------------|-----------------|-----------------------|
| Youth | | Referral date: |
| First name: | Last name: | Date of birth: |
| Age: | Race/ethnicity: | Sex: |
| Address: | | Cell phone: |
| Youth resides with: | | Relationship: |
| School: | Grade: | Primary language: |

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|---------------------------|-------------|-------------------|
| Caregiver/Guardian | | |
| Caregiver name: | Last name: | Primary language: |
| Phone number: | Cell phone: | |
| Address: | | |
| Legal guardian's name: | Last name: | Primary language: |
| Phone number: | Cell phone: | |
| Address: | | |

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| Youth Concerns |
| Has the youth demonstrated any of the following behaviors: <input type="checkbox"/> physical aggression <input type="checkbox"/> verbal aggression <input type="checkbox"/> AWOL <input type="checkbox"/> arrest <input type="checkbox"/> fire setting <input type="checkbox"/> property destruction <input type="checkbox"/> stealing <input type="checkbox"/> truancy |
| List substances used within the past month: <input type="checkbox"/> No substance use due to being in a controlled environment |
| Youth is currently using substances as evidenced by: <input type="checkbox"/> self-report <input type="checkbox"/> positive urinalysis <input type="checkbox"/> police report <input type="checkbox"/> witness of use <input type="checkbox"/> Other |
| Substance use and/or behavioral health have negatively impacted: <input type="checkbox"/> relationships <input type="checkbox"/> family <input type="checkbox"/> education <input type="checkbox"/> health <input type="checkbox"/> legal <input type="checkbox"/> interests <input type="checkbox"/> Other |
| Diagnosis (if applicable): |
| Identified Recovery Supports: <input type="checkbox"/> Family, <input type="checkbox"/> Friends, <input type="checkbox"/> Faith-Based, <input type="checkbox"/> Educational, <input type="checkbox"/> Basic Needs, <input type="checkbox"/> Transportation, <input type="checkbox"/> Legal <input type="checkbox"/> Other |
| Is the family <input type="checkbox"/> willing to accept treatment, <input type="checkbox"/> somewhat resistant, or <input type="checkbox"/> resistant to treatment? |
| List other pending referrals: |

Reason for referral:

Form Completed By:

| | | |
|-------------------------|------------|---------------|
| First name: | Last name: | E-mail: |
| Agency (if applicable): | | Phone number: |