Please send referrals to Megan Schultz [mschultz@evolutionblair.com](mailto:mschultz@evolutionblair.com) Ph# 814-201-2751 Fax# 814-201-2758

*MDFT is a family centered, community-based treatment for youth struggling with mental health, complex clinical (including substance use and other issues), social and educational challenges. MDFT intervenes in 4 related areas: youth, parents, family and community. It includes individual therapy for youth, parent education and support, family therapy and community interventions and collaborations. From a foundation of improved family relationships, MDFT emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and interact positively with their youth.*

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| --- | --- | --- |
| DATE OF REFERRAL | REFERRAL SOURCE | REFERRAL CONTACT # |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| YOUTH INFORMATION | | |
| FIRST NAME: | DOB: | AGE: |
| LAST NAME: | RACE/ETHNICITY: | PHONE: |
| ST ADDRESS: | CITY, STATE, ZIP: | |
| RESIDES WITH: | RELATIONSHIP: | |
| SCHOOL: | GRADE: | |
| PRIMARY LANGUAGE: |  | |

|  |  |
| --- | --- |
| CAREGIVER INFORMATION | |
| FIRST NAME: | LAST NAME: |
| ST ADDRESS: | CITY, STATE, ZIP: |
| PHONE: | EMAIL: |
| PRIMARY LANGUAGE: |  |

|  |  |
| --- | --- |
| LEGAL GUARDIAN INFORMATION | |
| FIRST NAME: | LAST NAME: |
| ST ADDRESS: | CITY, STATE, ZIP: |
| PHONE: | EMAIL: |
| PRIMARY LANGUAGE: |  |

Is the youth currently on probation?  Yes  No Officer:

Is the youth/family currently CYF involved?  Yes  No Caseworker:

**Youth Concerns**

**Has the youth experienced any of these challenges in the last 90 days? Check all that apply.**

Substance use:

List substances:  Delinquent conduct/oppositional behaviors

Family conflict  School problems (truancy, behavior, performance)

Anxiety  Violence

Depression  Impulsivity

Verbal aggression  Emotional dysregulation

Physical aggression  Trauma

Homicidal ideation  Runaway/AWOL behaviors

Suicidal ideation  Housing instability/homelessness

**Has the youth experienced any of the following? Check all that apply.**

Suicide attempt  Drug or alcohol overdose

Comment: Comment:

Psychiatric hospitalization  Drug rehab/detox

Comment: Comment:

Symptom(s)/episode(s) of psychosis  Removal from home due to child maltreatment

Comment: Comment:

Trauma  Living out of home placement

Comment: Comment:

Other:

Diagnosis, if known:

Is the family:  willing to accept treatment  somewhat resistant  resistant to treatment?

Is the family willing to be audio and video recorded for required training purposes?  Yes  No

Identified supports/strengths (family, friends, faith, community, etc.)

List current providers:

List other pending referrals:

Reason for referral and other important information: