Referral Date: ___/___/___

Multi Systemic Therapy (MST) Service Referral & Application

Haven House Services
STRONG YOUTH. BRIGHT FUTURES.
600 W. Cabarrus Street, Raleigh NC 27603
Office: (919) 833.3312 Fax: (919) 833.3512

I. YOUTH INFORMATION

NAME:		Legal caregiver:
ADDRESS:		Phone Number:
		Relationship to youth:
DATE OF BIRTH:	AGE:	Has the youth's parent/legal guardian been informed of this referral? ☐ Yes ☐ No
RACE/ETHNICITY:	❑ MALE ❑ FEMALE	Insurance:

Youth's current placement	☐ Home	☐ Other family member	☐ Program placement	☐ Detention
☐ Hospitalized	☐ Other	Please Explain:		

II. REFERRAL INFORMATION

REFERRAL SOURCE	**PHONE NUMBER**	**AGENCY**

III. FAMILY HISTORY

Mother's Name			Father's Name		
Address			Address		
Phone Number	(H)	(C)	Phone Number	(H)	(C)
❑ ALIVE	❑ DECEASED		❑ ALIVE	❑ DECEASED	
MARITAL STATUS – ☐ SINGLE ☐ MARRIED ☐ DIVORCED			MARITAL STATUS – ☐ SINGLE ☐ MARRIED ☐ DIVORCED		

IV. HISTORY OF PLACEMENTS & SERVICES

Please list previous programs as well as other services that youth/family has been involved with to address current problem.

PROGRAM	Dates of treatment	Treatment outcome

V. HISTORY OF PRESENTING PROBLEMS

Please check all that apply

☐ Academic Failure ☐ Assault/Aggressive Behavior ☐ Delinquent Behavior (please elaborate) ☐ Excessive Dependence on Parents ☐ Feelings of Anxiety ☐ Fire Setting ☐ Gang Associate (please elaborate) ☐ Gang Involvement (please elaborate)	☐ Negative Peer Associations ☐ Physical/mental abuse ☐ Poor Social Skills ☐ Prostitution ☐ Runaways ☐ School Behavior Problems ☐ Self-Mutilation ☐ Sexual Abuse	☐ Sexual Offense ☐ Stealing ☐ Substance Use ☐ Suicide Attempts ☐ Suicide Threat(s) ☐ Temper Tantrums ☐ Truancy ☐ Withdrawn, Depression

Additional Presenting Problems/Comments:

Is the youth court involved? ☐ Yes ☐ No Charges/offense?

Court counselor/Probation officer? Phone Number:

VII. SCHOOL PERFORMANCE

School: _____Grade: _____

School Contact: _____ Phone Number: _____

A. Is youth currently enrolled in school? ☐ Yes ☐ No

B. Has youth been retained? ☐ Yes ☐ No

C. Is youth frequently truant? ☐ Yes ☐ No

D. Number of times suspended from school: _____

VIII. MEDICAL HISTORY

A. Is the youth currently on medication? ☐ Yes ☐ No. If "YES", please specify. _____

B. Known psychiatric diagnoses, medical issues, physical limitations, or allergies. _____

_____

C. Medication Management Provider: _____

What is the goal of proposed placement in this service/program?

Disposition of referral (agency use)	
Date Received:	
Date of Contact:	
Outcome:	

Haven House Services, 600 W. Cabarrus Street, Raleigh, NC 27603
Phone: (919) 833.3312 Fax: (919) 833.3512