

MULTIDIMENSIONAL FAMILY THERAPY (MDFT) REFERRAL FORM

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. To make a referral, please email or fax this form to the provider in your area along with a release of information.

- Community Health Resources: (Hartford, Manchester, Enfield) (e) MDFTReferral@chrhealth.org (f) 860-697-3406
- Boys & Girls Village (Bridgeport, Norwalk, Stamford) (f) 203-330-6756
- Child and Family Agency of Southeastern Connecticut (Middletown, Norwich, Willimantic) (f) 860-661-4262
- Connecticut Junior Republic (Waterbury, Danbury, Torrington) (p) 203-558-9665 (f) 203-759-1224
- Community Mental Health Affiliates (New Britain, Meriden) (f) 860-224-6516 (p) 860-229-4830
- United Community & Family Services (Middletown, Norwich, Willimantic) (e) cpalma@ucfs.org
- Wheeler Clinic (Greater New Haven) (e) MDFTNewHaven@wheelerclinic.org
- Wheeler Clinic (Waterbury, Danbury, Torrington) (e) MDFTWaterburyTorringtonDanbury@wheelerclinic.org
- Wheeler Clinic (New Britain, Meriden) (e) MDFTNewBritainATM@wheelerclinic.org

Youth:

Referral Date:

First name:	Last name:	Date of birth:
Age:	Race/ethnicity:	Email:
Address:		Cell phone:
Youth resides with:		Relationship:
School:	Grade:	Primary language:

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:	Email:
Address:		
Legal guardian's name:	Last name:	Primary language:
Phone number:	Cell phone:	Email:
Address:		

Is the youth currently on probation or court/JRB involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comment:
Is the youth currently DCF involved?	Yes	No	Unknown

Youth Concerns

Has the youth experienced any of these challenges in the last 90 days? Check all that apply.	
<input type="checkbox"/> Substance use: List Substances; <input type="checkbox"/> Family Conflict <input type="checkbox"/> Anxiety (e.g., excessive worry or fear, social anxiety, panic attacks) <input type="checkbox"/> Depression (e.g., irritability, loss of interest in things, sad affect) <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Physical aggression <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Delinquent/Conduct/Oppositional Behaviors <input type="checkbox"/> School Problems (Truancy, behavior, performance) <input type="checkbox"/> Family Violence <input type="checkbox"/> Impulsivity <input type="checkbox"/> Emotional dysregulation <input type="checkbox"/> Trauma <input type="checkbox"/> Runaway/AWOL behaviors <input type="checkbox"/> Housing instability/homelessness

Has the youth ever experienced any the following? Check all that apply

Suicide attempt
Comment:

Drug or alcohol overdose
Comment:

Psychiatric Hospitalization
Comment:

Drug rehabilitation / detox
Comment:

Episode(s) of psychosis or psychotic symptoms
Comment:

Removal from the home due to child maltreatment
Comment:

Suspected Sex Trafficking
Comment:

Living in Congregate care / out of home placement
Comment:

Trauma
Comment

Other:

Diagnosis, if known:

Is the family willing to accept treatment somewhat resistant, or resistant to treatment?

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

List other pending referrals:

List current providers:

Other Important Information:

Form Completed By:

First name:	Last name:	Email:
Agency (if applicable):	Title at agency:	Phone number:
Supervisor's name (if applicable):	Supervisor phone:	