

**MARIE DETTY YOUTH & FAMILY SERVICES
INITIAL CONTACT FORM (Self-Referral)**

CLIENT INFORMATION:

Date: _____ Who referred you to us? _____

Client's Last Name: _____ First: _____ MI: _____ Maiden: _____

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____

Phone: _____ Is it okay to leave a message? ☐ Yes ☐ No Email address: _____

Contact Person: (if minor, parent or guardian) _____

Phone: _____ Is it okay to leave a message? ☐ Yes ☐ No

Do you have Medicaid, Aetna Better Health, Humana Healthy Horizons, or Oklahoma Complete Health? ☐ Yes ☐ No

*If you feel that you are suicidal or homicidal, please call 911 or go to the nearest emergency room!
The crisis hotline number is 988 if you are not immediately suicidal or homicidal but need someone to talk to at
this moment. You can also text HOME to 741741 to connect to a crisis counselor.*

What services are you interested in? (you may check more than one)

- | | | |
|---|--|---|
| ☐ Individual/Family Counseling | ☐ Parenting or Anger Management Classes | ☐ Mentoring (ages 11-18) |
| ☐ Gang Prevention Program (Lawton only) | ☐ Tutoring | ☐ In Step program (FTOP) |
| ☐ Substance Abuse Counseling/Assessment (Stephens/Jefferson Counties only) | ☐ Parents as Teachers | |
| ☐ Domestic Violence/Sexual Assault Victim Services (Comanche County only) | | |

Our services are voluntary and confidential. We offer a variety of services to everyone, regardless of race, color, religion, sex, national origin or disability. In the event you are unsure which services you would like, contact us to find support. Call 580-250-1123 (Lawton, OK) or 580-606-6719 (Duncan, OK)

Please email to lsiffles@mariedetty (Stephens/Jefferson), adminasst.shelter@mariedetty (Comanche Co)

This form may be dropped off at our offices if you prefer. Marie-detty.org

Emotional/Mental Health Concerns

Are you currently experiencing stress, anxiety, or feeling overwhelmed? ☐ Yes ☐ No

If yes, explain: _____

Are you experiencing depression, sadness, or loss of motivation? ☐ Yes ☐ No

If yes, explain: _____

Are you having difficulty managing anger or strong emotions? ☐ Yes ☐ No

If yes, explain: _____

Are you struggling with self-esteem, confidence, or self-worth? ☐ Yes ☐ No

If yes, explain: _____

Trauma/Loss Concerns

Have you experienced grief, loss, or trauma that is affecting you? ☐ Yes ☐ No

If yes, explain: _____

Family/Relationship Concerns

Are you experiencing relationship problems or conflict with a partner? ☐ Yes ☐ No

If yes, explain: _____

Are you experiencing family conflict or household stress? ☐ Yes ☐ No

If yes, explain: _____

Are you needing support with parenting concerns or child behaviors? ☐ Yes ☐ No

If yes, explain: _____

Behavioral/Skill Building Needs

Are there behavioral problems at home, school, work, or in the community? ☐ Yes ☐ No

If yes, explain: _____

If you are filling this out for a child, are they experiencing academic difficulties that could require tutoring? ☐ Yes ☐ No

If yes, explain: _____

Are you interested in improving social skills, communication skills, or life skills? ☐ Yes ☐ No

If yes, explain: _____

Substance Use

Are alcohol or drug use concerns affecting you or your family? ☐ Yes ☐ No

If yes, explain: _____

Gang Involvement

Has your family been impacted by gang activity or involvement? ☐ Yes ☐ No

If yes, explain: _____

Additional Needs

Is there anything else you would like help with? ☐ Yes ☐ No

If yes, explain: _____

ADMINISTRATION USE ONLY:

Assigned Counselor: _____ Initial Appointment Date: _____ Time: _____

Initial Contact Attempted by: _____ Date/Time: _____ Result: _____

Date/Time: _____ Result: _____

Date/Time: _____ Result: _____

Date/Time: _____ Result: _____