METRO COMMUNITY ALCOHOL & DRUG SERVICE
DRUG AND ALCOHOL YOUTH SERVICE
FAX/EMAIL REFERRAL FORM

Affix Client Label Here

CORRESPONDENCE

Referrer Details

Contact Person: _____ Agency: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Client Details

Name: _____ D.O.B: _____ Age: _____ Sex: □ M □ F

Address: _____ Postcode: _____

Home: _____ Work: _____ Mobile: _____

Aboriginal/Torres Strait Islander: Yes □ No □ Would they prefer an Aboriginal Worker Yes □ No □

Permission to leave a voice/text message: Yes □ No □

Permission to send mail to address provided Yes □ No □

Permission to exchange information with GP/referrer/relevant agencies for purpose of treatment Yes □ No □

Parent / Guardian Details (if applicable)

Name: _____ Relationship: _____

Contact Tel: _____ Mobile: _____

Does the young person live with a parent Yes □ No □ Is the parent aware of the referral: Yes □ No □

Has the young person given verbal permission to contact their parent/guardian Yes □ No □

Reason for Referral / Drug Use History

_____

_____

_____

_____

_____

_____

Current Medical/Mental Health Problem(s) and Prescribed Medication(s)

_____

_____

_____

_____

Additional Relevant Information

_____

_____

_____

Identified Risks in Working with the Client

History of Aggression/Violence:	□ Yes	□ No	Currently Pregnant:	□ Yes	□ No
History of Self-Harm/Suicidality:	□ Yes	□ No	Positive for BBV:	□ Yes	□ No
History of Unsafe Injecting Practice:	□ Yes	□ No	Currently Lives Alone:	□ Yes	□ No

Has the client consented to the referral □ Yes □ No

Name of Referrer: _____ Referral Date: _____

METRO COMMUNITY ALCOHOL & DRUG SERVICE
DRUG AND ALCOHOL YOUTH SERVICE
FAX/EMAIL REFERRAL FORM

Affix Client Label Here

CORRESPONDENCE

NEXT STEP EAST METRO ALCOHOL & DRUG SERVICE
32 Moore Street, EAST PERTH WA 6004
PO BOX 126, MT LAWLEY WA 6929
PHONE: (08) 9219 1919
FAX: (08) 9221 3089
Send to East Metro

NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICE
10 Clarke Crescent, JOONDALUP WA 6027
PHONE: (08) 9301 3200
FAX: (08) 9301 3299
Send to North Metro
26 Dugdale Street , WARWICK WA 6024
PO BOX 2587, WARWICK WA 6024
PHONE: (08) 9246 6767
FAX: (08) 9246 6768
Send to North Metro

SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE
Level 3/22 Queen Street, FREMANTLE WA 6160
PHONE: (08) 9430 5966
FAX: (08) 9335 3071
Send to South Metro
22 Tuckey Street, MANDURAH WA 6210
PHONE: (08) 9581 4010
FAX: (08) 9582 7062
Send to South Metro
Unit 2/31 Council Avenue, ROCKINGHAM WA 6168
PHONE: (08) 9550 9200
FAX: (08) 9550 9250
Send to South Metro

SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
312 Spencer Road, THORNLIE WA 6108
PHONE: (08) 9267 2400
FAX: (08) 9452 8681
Send to South East Metro

NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
4 Stafford Street, MIDLAND WA 6056
PHONE: (08) 9274 7055
FAX: (08) 9274 7066
Send to North East Metro

DRUG AND ALCOHOL YOUTH SERVICE
129 Hill Street, EAST PERTH WA 6004
PHONE: 9222 6300
FAX: (08) 9222 6301
Send to DAYS