

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: _____

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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

NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICE

10 Clarke Crescent, JOONDALUP WA 6027
PHONE: (08) 9301 3200
FAX: (08) 9301 3299

26 Dugdale Street , WARWICK WA 6024
PO BOX 2587, WARWICK WA 6024
PHONE: (08) 9246 6767
FAX: (08) 9246 6768

SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE

Level 3/22 Queen Street, FREMANTLE WA 6160
PHONE: (08) 9430 5966
FAX: (08) 9335 3071

22 Tuckey Street, MANDURAH WA 6210
PHONE: (08) 9581 4010
FAX: (08) 9582 7062

Unit 2/31 Council Avenue, ROCKINGHAM WA 6168
PHONE: (08) 9550 9200
FAX: (08) 9550 9250

SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE

312 Spencer Road, THORNIE WA 6108
PHONE: (08) 9267 2400
FAX: (08) 9452 8681

NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE

4 Stafford Street, MIDLAND WA 6056
PHONE: (08) 9274 7055
FAX: (08) 9274 7066

DRUG AND ALCOHOL YOUTH SERVICE

129 Hill Street, EAST PERTH WA 6004
PHONE: 9222 6300
FAX: (08) 9222 6301

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