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

Affix Client Label Here

Referrer Details

Contact Person: _____ Agency: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Client Details

Name:_____ D.O.B:_____ Age:_____ Gender: M F O

Address: _____ Postcode:_____

Home: _____ Work: _____ Mobile:_____

Aboriginal/Torres Strait Islander: Yes No CALD Yes No

Permission to leave a voice/text message: Yes No Interpreter Required Yes No

Permission to send mail to address provided Yes No Language: _____

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/guardian Yes No Is the parent/guardian aware of referral Yes No

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

Reason for Referral / Drug Use History

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CORRESPONDENCE

METRO COMMUNITY ALCOHOL & DRUG SERVICE
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Current Medical/Mental Health Problem(s) and Prescribed Medication(s)

Additional Relevant Information

Identified Risks and Safety Requirements

History of Aggression/Violence: ☐ Yes ☐ No
History of Self-Harm/Suicidality: ☐ Yes ☐ No
History of Unsafe Injecting Practice: ☐ Yes ☐ No

Currently Pregnant: ☐ Yes ☐ No
Positive for BBV: ☐ Yes ☐ No
Currently Lives Alone: ☐ Yes ☐ No

The client consented to the referral ☐ Yes

Name of Referrer: _____ Referral Date: _____

NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICE
Joondalup Phone: (08) 9301 3200
Warwick Phone: (08) 9246 6767
Send to North Metro

SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE
Fremantle Phone: (08) 9430 5966
Send to South Metro
Rockingham Phone: (08) 9550 9200
Send to South Metro
Mandurah Phone: (08) 9581 4010
Send to South Metro

NEXT STEP EAST METRO ALCOHOL & DRUG SERVICE
Phone: (08) 9219 1919
Send to East Metro

SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
Thornlie Phone: (08) 9267 2400
Armadale Phone: (08) 9399 5344
Send to South East Metro

NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
Phone: (08) 9274 7055
Send to North East Metro

DRUG & ALCOHOL YOUTH SERVICE Phone: (08) 9222 6300
Send to DAYS