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

Affix Consumer Label Here

CORRESPONDENCE

## Referrer Details

Contact Person: _____ Agency: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

## Consumer 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

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

Affix Consumer Label Here

CORRESPONDENCE

## 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 consumer consented to the referral Yes ☐

Name of Referrer: _____ Referral Date: _____

**NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICE**
Joondalup Phone: (08) 9301 3200
Innaloo Phone: (08) 9246 6767
**Send to**: NMCADS.Innaloo@health.wa.gov.au

**SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE**
Fremantle Phone: (08) 9430 5966
**Send to:** fremantle@palmerston.org.au
Rockingham Phone: (08) 9550 9200
**Send to:** RockinghamReception.SMCDS@health.wa.gov.au
Mandurah Phone: (08) 9581 4010
**Send to:** mandurah@palmerston.org.au

**NEXT STEP EAST METRO ALCOHOL & DRUG SERVICE**
Phone: (08) 9219 1919
**Send to:** nextstep.eastperth@health.wa.gov.au

**SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE**
Thornlie Phone: (08) 9267 2400
Armadale Phone: (08) 9399 5344
**Send to:** thornlie@palmerston.org.au

**NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE**
Phone: (08) 9274 7055
**Send to:** nemcads@holyaoke.org.au

**DRUG & ALCOHOL YOUTH SERVICE**
Phone: (08) 9222 6300
**Send to:** Reception.days@health.wa.gov.au