

**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: _____ 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		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

NS MR 105 FAX/9 A 5 @REFERRAL FORM Version 9 Review Date 22/05/2022

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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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Self-Harm/Suicidality:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Positive for BBV:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Unsafe Injecting Practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Lives Alone:	<input type="checkbox"/> Yes <input type="checkbox"/> 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

NEXT STEP EAST METRO ALCOHOL & DRUG SERVICE
Phone: (08) 9219 1919

SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE
Fremantle Phone: (08) 9430 5966

SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
Thornlie Phone: (08) 9267 2400
Armadale Phone: (08) 9399 5344

Rockingham Phone: (08) 9550 9200

NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE
Phone: (08) 9274 7055

Mandurah Phone: (08) 9581 4010

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

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