

**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

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

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

Affix Client 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:	<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 Rockingham Phone: (08) 9550 9200 Mandurah Phone: (08) 9581 4010	SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE Thornlie Phone: (08) 9267 2400 Armadale Phone: (08) 9399 5344 NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE Phone: (08) 9274 7055 DRUG & ALCOHOL YOUTH SERVICE Phone: (08) 9222 6300

NS MR 105 FAX/9 A 5 @REFERRAL FORM Version 9 Review Date 23/12/2022