CORRESPONDENCE

NS MR 105 FAX/9 A 5 = @REFERRAL FORM Version 9 Review Date 26/08/2028

METRO COMMUNITY ALCOHOL & DRUG SERVICE

DRUG AND ALCOHOL YOUTH SERVICE FAX/EMAIL REFERRAL FORM

Affix Consumer Label Here

Referrer Details					
Contact Person:	tact Person: Agency:				
Phone: Fax:	Mob	ile:			
Email:					
Consumer Details					
Name: D.O.B:	Age:	Gender: M F	0		
Address:		Postcode:			
Home: Work:	Mobile:				
Aboriginal/Torres Strait Islander: Yes Permission to leave a voice/text message: Yes Permission to send mail to address provided Yes Permission to exchange information with GP/referrer/re	No No	CALD Yes Interpreter Required Yes Language: ourpose of treatment Yes	No No		
Parent / Guardian Details (if applicable)					
lame: Relationship: Contact Tel: Mobile:					
Does the young person live with a parent/guardian 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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Affix Consumer Label Here

Current Medical/Mental Health Problem(s) and Prescribed Medication(s)		
-		
Additional Releva	nt Information	
Identified Dieles and O	det. De minera ute	
Identified Risks and Sa		
History of Aggression/Violence: □ Yes □ No History of Self-Harm/Suicidality: □ Yes □ No	Currently Pregnant: □ Yes □ No Positive for BBV: □ Yes □ No	
History of Unsafe Injecting Practice: 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	NEXT STEP EAST METRO ALCOHOL & DRUG SERVICE Phone: (08) 9219 1919	

Warwick Phone: (08) 9246 6767 Send to: nmcads.warwick@mhc.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@mhc.wa.gov.au

Mandurah Phone: (08) 9581 4010

Send to: mandurah@palmerston.org.au

Send to: nextstep.eastperth@mhc.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@mhc.wa.gov.au