METRO COMMUNITY ALCOHOL & DRUG SERVICE DRUG AND ALCOHOL YOUTH SERVICE

Affix Consumer Label Here

| FAX/EMAIL REFERRAL FORM | | | | | | | | | |
|--|--------------------|---------------------|-----------------------|----------|---------------------|-----|----------|--|--|
| Referrer Details | | | | | | | | | |
| Contact Person: Agency: | | | | | | | | | |
| Phone: | | | | | | | | | |
| Email: | | | | | | | | | |
| Consumer Details | | | | | | | | | |
| Name: | D.O.B: | | Age: | | Gender: M | F | 0 | | |
| Address: | | | | | Postcode: | | | | |
| Home: | | | | | | | | | |
| Aboriginal/Torres Strait Is | | Yes | No | CALD | | Yes | No | | |
| Permission to leave a vo | bice/text message: | Yes | No | Interpre | ter Required | Yes | No | | |
| Permission to send mail Permission to exchange | | Yes errer/releva | No ant agencies fo | | ge: of treatment | Yes | No | | |
| Parent / Guardian Details (if applicable) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Contact Tel: | | | | | | | <u> </u> | | |
| 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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NS MR 105 FAX/EMAIL REFERRAL FORM Version 9 Review Date 26/08/2028

CORRESPONDENCE

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

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CORRESPONDENCE

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| Identified Risks and Safety Requirements | | | | | | |
|---|---|--|--|--|--|--|
| History of Aggression/Violence: Yes No Currently Pregnant: Yes No Yes No No Self-Harm/Suicidality: Yes No Positive for BBV: Suicidality: Yes No No Suicidality: Yes No No Suicidality: Yes No No Suicidality: Yes No Suicidality: Suicidality | | | | | | |
| The consumer consented to the referral Yes | Referral Date: | | | | | |
| NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICE Joondalup Phone: (08) 9301 3200 Warwick Phone: (08) 9246 6767 Send to: nmcads.warwick@mhc.wa.gov.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 | | | | | |
| SOUTH METRO COMMUNITY ALCOHOL & DRUG SERVICE Fremantle Phone: (08) 9430 5966 | Thornlie Phone: (08) 9267 2400 Armadale Phone: (08) 9399 5344 Send to: thornlie@palmerston.org.au | | | | | |
| Send to: fremantle@palmerston.org.au Rockingham Phone: (08) 9550 9200 Send to: RockinghamReception.SMCDS@mhc.wa.gov.au | NORTHEAST METRO COMMUNITY ALCOHOL & DRUG SERVICE Phone: (08) 9274 7055 Send to: nemcads@holyaoke.org.au DRUG & ALCOHOL YOUTH SERVICE | | | | | |
| Mandurah Phone: (08) 9581 4010 Send to: mandurah@palmerston.org.au | Phone: (08) 9222 6300 Send to: Reception.days@mhc.wa.gov.au | | | | | |

Additional Relevant Information

Current Medical/Mental Health Problem(s) and Prescribed Medication(s)