

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 Currently Pregnant: Yes No
 History of Self-Harm/Suicidality: 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
 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: nmcads@holyaoke.org.au
DRUG & ALCOHOL YOUTH SERVICE
 Phone: (08) 9222 6300
Send to: Reception.days@health.wa.gov.au

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