# CORRESPONDENCE

# NS MR 105 FAX/EMAIL 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:		_ Agency:				
Phone: Fax:		M	obile:			
Email:						
Consumer Details						
Name: D.	.O.B:	Age:	Gender: M	F	0	
Address:			Postcode:			
Home:Work: _		Mobile:				
Aboriginal/Torres Strait Islander: Permission to leave a voice/text message Permission to send mail to address provi		No No No	CALD Interpreter Required	Yes Yes	No No	
Permission to exchange information with			Language: 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						
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### **METRO COMMUNITY ALCOHOL & DRUG SERVICE** DRUG AND ALCOHOL YOUTH SERVICE **FAX/EMAIL REFERRAL FORM**

Affix Consumer Label Here

Current Medical/Mental Health Problem(s) and Prescribed Medication(s)				
-	_			
[				
Additional Relevant Information				
Identified Risks and	•			
History of Aggression/Violence: □ Yes □ No History of Self-Harm/Suicidality: □ Yes □ No	Currently Pregnant:  Positive for BBV:  Ves □ No  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			
Innaloo Phone: (08) 9246 6767	Send to: nextstep.eastperth@health.wa.gov.au			
Send to: NMCADS.Innaloo@health.wa.gov.au	SOUTH EAST METRO COMMUNITY ALCOHOL & DRUG SERVICE			

### 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

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@health.wa.gov.au