

METHAMPHETAMINE OUTREACH TEAM

Complete and email referral to: outreachdde@dasa.org.au

REFERRER INFORMATION

Referral Date: ____ / ____ / ____

Self-Referral: ☐ YES ☐ NO

Referring Agency: _____

Name: _____

Position: _____

Telephone: _____

Email: _____

APPLICANT'S INFORMATION

Surname: _____

Given Name: _____

Also known as: _____

DOB: ____ / ____ / ____

Gender Identity: _____

Aboriginal/Torres Strait Islander: YES NO

Other: _____

Phone Number: _____

Address: _____

ORDERS PREVENTING CONTACT WITH OTHER PEOPLE

Are there any legal / protection orders (e.g. Domestic Violence Orders) in place? ☐ Yes ☐ No

Is the Order ☐ No Contact ☐ Non-Intox Against the referring applicant? ☐ Yes ☐ No

Other individual _____

DRUG USAGE

Type of Drug _____ Last time used: _____

Usual Quantity: _____ Method for digest eg: smoke/inject _____

CURRENT LEGAL SITUATION

The applicant is currently:

☐ Incarcerated sentenced

☐ Incarcerated remand

☐ Released (no conditions)

☐ Supervised by Community Corrections

☐ Parole

☐ Bail

☐ Other: _____

REASON FOR REFERRAL / ADDITIONAL INFORMATION
