



DASA
Drug and Alcohol Services Australia

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www.dasa.org.au



**Methamphetamine
Through Care Program**

Referral form
Complete and email to crystalclear@dasa.org.au
or fax to 08 8953 4686

Referral Date: ___ / ___ / ___

Self-Referral

Yes

No

Referring Agency: _____

Phone: (___) _____

Contact Person: _____

Email: _____

Client details: (please circle

Name: _____

Date of Birth: _____

Age _____

Gender M F O

Aboriginal/Torres Strait Islander Y N

Other _____

Address: _____

Phone: (___) _____

Mobile: _____

Contact: (___) _____

Reason for referral:

Signature: _____