



### Referral Form for Day Programme

<b>Date of Referral:</b>		<b>Client Name</b>	
<b>Date of Birth</b>		<b>Client contact number</b>	
<b>Client address</b>			
<b>Client Eircode</b>		<b>Is client aware of referral</b>	
<b>Referring agency name and address</b>			
<b>Referring agency contact details:</b>			
<b>Keyworker/Counsellor</b>		<b>Referring worker:</b>	
<b>Other Agencies involved</b>			

**Please indicate duration of drug/alcohol free status**

1 Month	3 months	6 Months	12 Months	Longer
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#### Section B - Medical Information

*N.B if a person you are referring is on any medications; the prescribing doctor must complete the following*

**Please indicate current status of client**

On Methadone Maintenance	Prescribed Benzodiazepines	Alcohol	Other	Drug free

**Please indicate duration of present stability**

3 Months	6 Months	12 Months	Longer
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#### Section C – Community Employment Time

**Has the client had any previous Community employment time, if so, how long?**

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Other relevant information

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**Signed:**

**Date:**

Tallaght Rehabilitation Project CLG is kindly assisted and supported by the following Irish Government Agencies

