Tallaght Rehabilitation Project Clg Kiltalown House Jobstown Dublin 24 Phone 01 - 4597705

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## Tallaght Rehabilitation Project "Providing drug and alcohol rehabilitation within the local community"

Referral Form for Day Programme								
Date of Referral:				Client Name				
Date of Birth				Client contact number				
Client address								
Client Eircode				Is client aware of referral				
Referring agency name and address								
Referring agency contact d	etails:							
Keyworker/Counsellor				Referring worker:				
Other Agencies involved								
Please indicate duration of	drug/alcoho	ol free status					1	
1 Month	3 months		6 Months		12 Months		Longer	
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 Benzodiazepin		s Alcohol		Other		Drug free	
Please indicate duration of present stability								
3 Months		6 Mc		12 Months		Longer		
Section C – Community Employment Time								
Has the client had any previous Community employment time, if so, how long?								
			<u>Otl</u>	her relevant informa	<u>tion</u>			
Signed:				Date:				
Company Registration No. 292608 Established since 1997					CRN 20044060 CHY 13829			
Tallaght Rehabilitation	Project Cl	_G is kindly assist	ted and s	supported by the	following Iri	sh Governme		







