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**Tallaght Rehabilitation Project** *'Providing drug and alcohol rehabilitation within the local community''* 

## <u>Tallaght Wide Aftercare Service</u> <u>Referral Form for Aftercare Programme</u>

# Tallaght Wide After Care Service offers a support service for people who are in recovery, post rehabilitation delivering a holistic and person centred programme to help them achieve enhanced quality of life.

Date of Referral:		Client Name
Dutt of Referran		
Date of Birth		Client contact number
Client address		
Eircode		Is client aware of referral
Referring agency name a	nd address	
Referring agency contact	details:	
Keyworker/Counsellor		Referring worker:
Other Agencies involved		

## 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

Other relevant information \_\_\_\_

Signed:

Date:

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