Tallaght Rehabilitation Project CLG

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Tallaght Rehabilitation Project

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"Providing drug and alcohol rehabilitation services within the community"

Referral Form for Day Programme

Date of Referral:			Cli	ent Name				
Date of Birth			Ch	ent contact n	umber			
Client address			-			1		
Client Eircode			Is o	client aware	of referral			
Defending agency name	nd address							
Referring agency name a	nu auuress							
Referring agency contact	details:		1			1		
Keyworker/Counsellor			Ref	ferring work	er:			
Other Agencies involved								
Other Agencies involved								
Please indicate duration of	of drug/alcoho	l free status						_
1 Month	3 months		6 Months		12 Months		Longer	
	<u>!</u>							
			Section B - M	ledical Inf	<u>ormation</u>			
	if a nerson v							
Please indicate current st		ou are referring is	s on any medica	tions; the p	rescribing doctor	must compl	ete the following	
On Methadone	atus of client	ed Benzodiazepines			Othe		Drug free	
	atus of client				•			
On Methadone Maintenance	Prescribe	ed Benzodiazepines			•			
On Methadone	Prescribe	ed Benzodiazepines			•			
On Methadone Maintenance Please indicate	Prescribe	ed Benzodiazepines resent stability 6 Me	Alco	hol	Othe	r	Drug free	
On Methadone Maintenance Please indicate	Prescribe	ed Benzodiazepines resent stability 6 Me	Alco	hol	Othe	r	Drug free	
On Methadone Maintenance Please indicate	Prescribe duration of p	ed Benzodiazepines resent stability 6 Me	Alco onths on C – Comm	hol unity Emp	Othe 12 Months Dloyment Time	r	Drug free Longer	
On Methadone Maintenance Please indicate	Prescribe duration of p	resent stability 6 Mo	Alco onths on C – Comm	hol unity Emp	Othe 12 Months Dloyment Time	r	Drug free Longer	
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On Methadone Maintenance Please indicate	Prescribe duration of p	resent stability 6 Mo	onths on C – Comm previous Com	unity Emp	12 Months ployment Time mployment time	r	Drug free Longer	
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Company Registration No. 292608 Established since 1997







