

Tallaght Rehabilitation Project CLG

Kiltalown House

Jobstown

Dublin 24

Phone 01 – 4597705

Email referral to Dawn at

E-mail: tteam@tallaghtrehabproject.ie

Website: www.tallaghtrehabproject.ie



"Providing drug and alcohol rehabilitation services within the local community"

Referral Form for TRP - Day Program

Date of Referral		Client Name	
Date of Birth		Client Contact Number	
Client Address			
Referring Agency Name & Address			
Contact Details		Referring Worker	
Key Worker/Counsellor		Is Client Aware of Referral?	
Other Agencies Involved			

Please indicate duration of drug/alcohol free status

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 Benzodiazepines	Alcohol	Other	Drug free

Please indicate duration of present stability

3 Months	6 Months	12 Months	Longer
----------	----------	-----------	--------

Section C – Community Employment Time

Has the Client had any previous Community Employment time, if so how long?

Other relevant information;

Signed:

Date:

Company Registration No. 292608
Established since 1997

Registered Charity No. 13829

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

