Tallaght Rehabilitation Project CLG

Kiltalown House Jobstown Dublin 24 Phone 01 - 4597705

Email referral to Christy at

E-mail: aftercareteam@tallaghtrehabproject.ie Website: www.tallaghtrehabproject.ie



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

Referral Form for TRP – Aftercare Program

Date of Referral			Client Nan	ent Name				
Date of Birth				Client Con	lient Contact Number			
Client Address				<u></u>		<u> </u>		
Referring Agency I	Name & Ad	dress						
Contact Details				Referring Worker				
Kay Markay/Cayna	sollar			Is Client Aware of Referra		farral?	T	
Key Worker/Counsellor			IS CHERK AWARE OF RETERIALS					
Other Agencies Involved								
			Please indicat	te duration of	drug/alco	hol free	status	
1 Month			3 months	6 Mont	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 Preso			bed Benzodiazepines		Alcohol		Other	Drug free
			Please inc	dicate duration	of prese	nt stabili	ity	
3 Months			6 Months		12 Months		Months	Longer
Section C – Community Employment Time								
Has the Client had any previous Community Employment time, if so how long?								
Other relevant information;								
Signed:	Signed:				Date:			
Company Regis	stration No.	292608						
Ectablished since 1007							Pagistared Cha	ority No. 12020

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







