Tallaght Rehabilitation Project CLG

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Tallaght Rehabilitation Project

'Providing drug and alcohol rehabilitation for people within the local community"

Referral Form for Rehabilitation Day Programme **Date of Referral** Client Name Date of Birth **Client Address** Eircode **Client Contact Number** 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 3 months 6 Months 12 Months 1 Month 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 **Prescribed Benzodiazepines** Other On Methadone Alcohol Drug free Maintenance Please indicate duration of present stability Longer 3 Months 6 Months 12 Months Other relevant information Signed: Date: