



**Tallaght Rehabilitation Project Ltd**  
**Tallaght Wide Aftercare Project**

***Referral Form***

**Date of Referral**

**Client name**

**Address**

**D.O.B**

**Phone**

**Referring Agency**

**Referring Worker**

**Address**

**Phone**

**Please indicate current status of client**

<b>On methadone maintenance</b>	<b>Prescribed benzodiazapines</b>	<b>Alcohol</b>	<b>Other</b>	<b>Drug free</b>

**Please indicate duration of present stability**

<b>3 months</b>	<b>6 months</b>	<b>12 months</b>	<b>Longer</b>

**Other relevant information** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signed:**

**Date:**