

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

1 Month	3 months	6 Months	12 Months	Longer
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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
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Other relevant information

Signed:

Date:
