Tallaght Rehabilitation Project CLG Kiltalown House Jobstown Dublin 24 Phone 01 - 4597705 E-mail: <u>Stepheng@tallaghtrehabproject.ie</u> Website: www.tallaghtrehabproject.ie



Referral Form for Day Programme

Date of Referral:		Client Name	
Date of Birth		Client contact number	
Client address			
Client Eircode		Is client aware of referral	
Referring agency name an	nd address		
Referring agency contact	details:		
Keyworker/Counsellor		Referring worker:	
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

This is a TRP document reviewed 12th February 2025

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





Feidhmeannacht na Seirbhíse Sláinte Health Scrvice Executive



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