

# Dublin North East - Referral On Form

## General Information

Name: \_\_\_\_\_ P.P.S. Number \_\_\_\_\_

Address:

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Date of Birth: \_\_\_\_\_ Male  Female

Telephone Number: \_\_\_\_\_

Name of Referrer:

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Referral Agency:

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Address:

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Telephone Number: \_\_\_\_\_

Other Agencies:

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Name and contact number of clients Key Worker:

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Name and contact number of clients councillor \_\_\_\_\_

## General Mental Health and Wellbeing

Have you ever been diagnosed with a mental illness?  Yes  No

If yes, please specify \_\_\_\_\_

Name of service used: \_\_\_\_\_

When was the service first used and for how long? \_\_\_\_\_

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Are you on any prescribed medication for your mental health?  Yes  No

If yes, please specify \_\_\_\_\_

What supports/progress are required (short term)?

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Any future goals (long term)?

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### Community Integration, Social Supports, and Meaningful Use of Time

What special interests do you have i.e. education/training/hobbies? \_\_\_\_\_

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Do you have any interest in attending day programmes, aftercare, etc?  Yes  No

If yes, please specify: \_\_\_\_\_

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Any services currently involved, or have been involved in the care plan to date?  Yes  No

If yes, please specify: \_\_\_\_\_

What supports/progress are required (short term)?

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Any future goals (long term)?

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### Alcohol and Drug Use

Is the client currently on a drug treatment programme?  Yes  No

If yes, please specify length of time on programme

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Is the client currently on a rehabilitation programme?

Yes  No

If yes, outline details of the programme as undertaken by client

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Has the client had previous drug free periods?

Yes  No

If yes please say when \_\_\_\_\_

And for how long

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### General Physical Health

Is the client currently receiving additional medical treatment that we need to be aware of?

If so please specify  
treatment \_\_\_\_\_

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Is your client on any other prescribed drugs at present?  Yes  No

If yes please say what?

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### Community Integration, Social Supports, and Meaningful Use of Time

In your opinion does the client have any special needs or areas where support may be required?

If so please give details

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What are the client's strengths and resources?

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Are there any circumstances that your aware of which could hinder the clients full participation in the programme? If so please give details.

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What additional information can you offer about the client which may assist with their participation in the programme?

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### Independent Living and Accommodation

**Where are you living:**

- |   |   |
|---|---|
| <input type="checkbox"/> Stable Accommodation | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Institution          | <input type="checkbox"/> Other Unstable Accommodation |

**Are you a:**

- |   |   |
|---|---|
| <input type="checkbox"/> Private Tenant | <input type="checkbox"/> Local Authority Tenant |
| <input type="checkbox"/> Other _____    |   |

**Are you on the housing list?**  Yes  No

**If yes, which?** \_\_\_\_\_

**Who are you living with:**

- |   |   |
|---|---|
| <input type="checkbox"/> Alone          | <input type="checkbox"/> Partner and Children |
| <input type="checkbox"/> Parents/Family | <input type="checkbox"/> Alone with Children  |
| <input type="checkbox"/> Friends        | <input type="checkbox"/> Foster Care          |
| <input type="checkbox"/> Partner        | <input type="checkbox"/> Other: _____         |

**Are you living with other drug users?**  Yes  No

**If yes, what is the nature of your relationship?**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Partner     |
| <input type="checkbox"/> Child  | <input type="checkbox"/> Other _____ |

Any services currently involved, or have been involved in the care plan to date?  Yes  No

If yes, please specify: \_\_\_\_\_

### Justice, Law, and Criminal Support

Does the client have pending charges/court appearances which need to be dealt with?  Yes  No

If yes please give name and contact number of probation officer if allocated

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

### Education and Training

Education Standard Achieved:

Primary  Junior/Group Cert  Leaving Cert  Third Level  Other

Give details \_\_\_\_\_

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

Give details of any skills training undertaken by client \_\_\_\_\_

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

In your opinion could the client participate in a training programme?

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

### Family Support, Relationship, and Childcare

Marital Status \_\_\_\_\_

Number of children in need of childcare support:

\_\_\_\_\_

### Budgeting and Financial Management

Social Welfare Status: Lone Parent  Jobseekers  Disability  Other

### Employment

Give Details of client employment  
experience\_\_\_\_\_

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### Client:

If necessary, do you agree to the results of your urine analysis being made available to us for the duration of the programme?  Yes  No

### **Signed**

The information provided above is strictly confidential and will be used only to determine the suitability of the client for the programme. Your honesty and co-operation in completing this referral form is fundamental to the successful participation of the client in the project.

**Areas not covered:** General Mental Health and Wellbeing