

Dublin North East - Referral On Form

General Information

Name: _____ P.P.S. Number _____

Address:

Date of Birth: _____ Male Female

Telephone Number: _____

Name of Referrer:

Referral Agency:

Address:

Telephone Number: _____

Other Agencies:

Name and contact number of clients Key Worker:

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? _____

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

If yes, please specify _____

What supports/progress are required (short term)?

Any future goals (long term)?

Community Integration, Social Supports, and Meaningful Use of Time

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

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

If yes, please specify: _____

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)?

Any future goals (long term)?

Alcohol and Drug Use

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

If yes, please specify length of time on programme

Is the client currently on a rehabilitation programme?

Yes No

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

Has the client had previous drug free periods?

Yes No

If yes please say when _____

And for how long

General Physical Health

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

If so please specify
treatment _____

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

If yes please say what?

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

What are the client's strengths and resources?

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

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

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_____

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