



Date of referral: _____

Programme referred to:	Please tick ✓	Programme referred to:	Please tick ✓
Drug Free Day Programme		Women's Rehab, Ashleigh	
Stabilisation Programme		Men's Rehab, Lodge	
Cocaine Project		Childcare services	
Family Services		Other (<i>Please State</i>)	

<i>Form required</i>	Please tick ✓	<i>Form required</i>	Please tick ✓
Confidentiality explained		Consent Form Attached	

Client Name: Address	Date of Birth: Gender: Contact No: Ethnic Origin:
Family status: (<i>Include dependent children</i>)	

Reason for referral:

Current Drug Use: (<i>Please detail</i>)
Previous Detox Rehab Treatment:

Motivation at present:

Physical Health Needs/Mental health needs:

(Please detail)

Medication prescribed:

(include dose)

GP/Clinic details:

Tel:

Legal Issues:

(Please detail current charges/orders)

Pending / Next Court date(s):

Probation officer details:

Probation Involvement:

Is urinalysis &/or Court report requested:

Charges- current offence(s):

Outstanding charge(s):

Previous Convictions:

Prison Release Date (if applicable):

Involvement in feuds/Health and safety concerns:

Family Involvement/Significant others:

(Please detail including contact number)

Family support referral details, for family members (parents, spouses, partners, sibling or children) of client engaging with Coolmine services.

Project (*Please tick*): Coolmine Lodge () Ashleigh House () DFDP () Welcome Prog ()

Consent to contact family member:

Family Member Name:

Relationship to client:

Contact Details:

Location: Dublin Area () Cork () Other, *Please State* (_____)

Notes

For further information on Coolmine's Family Support Services, contact Paul Hatton 087 1233208

Referral Completed by: _____ Date: _____

Thank you

Please return completed forms to:

Ashleigh House, Damastown Walk, Dublin 15 or by email to outreach@coolminetc.ie

Fax Number: 01 6335522

Referral Agent:

Contact Name / Keyworker / Probation officer:

Office Address

Tel:

Length of contact with client:

Outreach staff will make contact with you within 3 days of receipt of this referral to make an appointment to meet with you. Outreach Contact Numbers Residential 0871229307 & Day Programme 0876851043