



Date of referral: \_\_\_\_\_

Programme referred to:	Please tick <input checked="" type="checkbox"/>	Programme referred to:	Please tick <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	<i>Form required</i>	Please tick <input checked="" type="checkbox"/>
Confidentiality explained		Consent Form Attached	

**Client Name:**

Date of Birth:

Address

Gender:

Contact No:

Ethnic Origin:

Family status:

*(Include dependent children)*

**Reason for referral:**

**Current Drug Use:**

*(Please detail)*

Previous Detox Rehab Treatment:

<b>Motivation at present:</b>
<b>Physical Health Needs/Mental health needs:</b> <i>(Please detail)</i>
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:

Admissions, Coolmine House, 19 Lord Edward Street, Dublin 2 or by email to [outreach@coolminetc.ie](mailto:outreach@coolminetc.ie).

The outreach team can be contacted at 087 1229307, 01 6794822

**Referral Agent:**

Contact Name / Keyworker / Probation officer:

Office Address

Tel:

Length of contact with client:

**Outreach Contact Numbers 0871229307, 01 6794822**

