

St Andrew's Community Centre
468 South Circular Road Rialto
Dublin 8



TELEPHONE 454 0021 / 454 4855 / 454
1604
Fax 454 1148
F-mm rialtocommunitydrugteam@eircom.net

Rialto Community Drug Team

REFERRAL FORM

Date:

Referral Agency/Service/other:	
Referrer:	
Position:	
Contact Details:	

DETAILS OF INDIVIDUAL BEING REFERRED

Name:			
Address:			
Date of Birth:			
Phone/Contact Details:			
G.P.:		Contact- Details	
Do you have children?	No.		Living with you?
Prescribed Medication: Non-prescribed medication: (if applicable)			

REASON FOR REFERRAL

--

Other Agencies/Services Involved (contact people & numbers if possible):

--

Other Relevant Information:

--

<i>Referrer's signature:</i>	<i>Date:</i>
<i>Individual's signature:</i>	<i>Date:</i>

To be completed by RCDT staff

<i>Received by:</i>	<i>Date:</i>
<i>Assigned Relevant keyworker:</i>	<i>Date:</i>