Referral Form

To make a Referral, please fill in the form below. You can fill this form out and return it to Community Response, 14 Carman’s Court, Carman's Hall, Dublin 8, D08 DP80.

Alternatively you can complete our online form [here](https://communityresponse.ie/Referral.html).

This form can be completed by yourself or on behalf of a client/individual given they have provided consent for you to do so. Alternatively you can call
**01 4549772** *or* emailreferrals@communityresponse.ie.

*\*Please note that we request that you do not use alcohol before attending for an assessment, Thank You.*

***Please indicate which of the following is of interest (see*** [***website***](https://communityresponse.ie/Our-Services.html) ***for more detail):***

* *Alcohol Stabilisation*
* *Long Term Aftercare (sobriety req’d)*
* *Community Alcohol Detox Support*
* *Change & Recovery (sobriety req’d)*
* *Family/Concerned Person Support*

***Client Details:***

*Client’s Name:*

|  |
| --- |
|  |

*Address*

|  |
| --- |
|  |

*Phone*

|  |
| --- |
|  |

*Where did you hear about our service? e.g social media, through a friend, GP etc*

|  |
| --- |
|  |

*Are you currently drinking alcohol? (please note that for our Change & Recovery programme we require a minimum of 4 weeks sobriety prior to starting)*

* *Yes*
* *No*

*If you answered yes, please list how often you are drinking and how much? (This is to help us prioritise clients and helps us understand your circumstances before we speak)*

|  |
| --- |
|  |

*Consent*

* *I consent to my information being held by community response. My information will be used to inform aspects of my care during my time with the services and any data used for reporting will be anonymised for the inclusion on service reports to our funders and the Health Research Board.*

***\*Please Note...****If you are making a referral on behalf of yourself please ignore the Referrer details section below.*

***Referrer Details***
*Please leave this section blank if you are referring yourself to our service.*

*Referral Agent Name*

|  |
| --- |
|  |

*Email Address*

|  |
| --- |
|  |

*Address*

|  |
| --- |
|  |

*Work Phone*

|  |
| --- |
|  |

*Mobile*

|  |
| --- |
|  |

* *I would like to refer the person named above to be assessed for support. I have talked to them about your programme and they feel they would benefit from attending the programme(s) indicated above and have agreed to be contacted.*

*Please send your completed form to* *info@communityresponse.ie* *or post it to*

*14 Carman’s Court, Carman’s Hall, Dublin 8,* D08 DP80.