

## form

|  |  |  |  |                |
|--|--|--|--|----------------|
| Name   |  |  |  | Date of birth: |
| Address  |  |  |  | Phone No:      |
| Referred by (name/address)   |  |  |  | Phone No:      |
| Reason for referral?   |  |  |  |                |
| Doctor (name/address)  |  |  |  | Phone No:      |
| Counsellor (name/address)  |  |  |  | Phone No:      |
| RSI worker<br>(name/address)   |  |  |  | Phone No:      |
| Clinic (name/address)  |  |  |  |                |
| How much methadone are you prescribed?                                     |  | How long have you been prescribed methadone? |  |                |
| Are you prescribed any other medications?                                  |  |  |  |                |
| Do you use other tablets<br>E.g. zimovane?                                 |  |  |  |                |
| Weekly alcohol consumption?  |  |  |  |                |
| Have you previously been in a treatment or rehabilitation centre?          |  |  |  |                |
| Who is your main source of support?  |  |  |  |                |
| List training/education to date:   |  |  |  |                |
| Are you linked in with any other support services?                         |  |  |  |                |
| If offered a place what would you like to achieve in the first six months? |  |  |  |                |
| Signed   |  |  |  | Date:          |

Stage 1: Email referral form to [hello@sankalpa.ie](mailto:hello@sankalpa.ie), or fax it to 01 8302696, or post to Dr Tom O'Brien, Manager, Sankalpa, Unit 8, Glasnevin Business Centre, Finglas, Dublin, 11

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|--|-------------------------------|--|----------------------------|---|
| Stage 2: application process initiated | Stage 3: assessment interview | Stage 4: put on waiting list until place available | Stage 5: start date agreed | Six month program with individual rehabilitation plan |
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