PRIVATE AND CONFIDENTIAL

REFERRAL FOR CAVAN/MONAGHAN DRUG AND ALCOHOL SERVICE

Referral Details

Name:	DOB:	M / F
Address:	Telephone:	
Other Contact Information:		
Reason For Referral: Does the service user require methadone treatment or OST? (Please Circle): Y / N		
Other Information:		
Urgent Referral: Y / N PLEASE ENTER REASON	Mental health concerns ☐ Recently Detoxed ☐ Compromised health ☐ Pregnant ☐ Recently released from prison ☐ Under 21 ☐	

Referral Agency Details

Name of Referrer:	Referring Agency (if any):
Telephone:	Other contact details:
I confirm that I have discussed this referral with the individual in advance of making it. Signed:	Date:

Office Use Only

Received:	Allocated to:	On:
Action Taken:		Assessed on:
Reason if NFA:		

Return all forms to: CDAS, 2 Acot House, Farnham Rd, Cavan. Tel: 049 437 9160 - Fax: 049 433 1173 or MDAS, 1 Oriel Way, Mullaghmatt, Monaghan Tel: 047 755 28 – Email: info@cdatrust.ie