CASE MANAGEMENT REFERRAL FORM

All information will be confidential to Chrysalis Community Drug Project.

Please complete the below referral and return to referrals@chrysalisproject.ie or contact us on 083 0926015

Date of referral:	
Client Name:	
Referral Agency:	
Name of referrer:	**Contact details:**

Service user contact details.

Service users name:	
Address:	
Homeless accommodation: Yes/No	
Phone:	**D.O.B:**

Support services

- **Are you currently linked in with other support services? e.g. community support projects, counselling, addiction support services**

  Yes ☐

  No ☐

  If yes, please give details of key worker/case manager.

_____

_____

_____

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Substance use

- **Do you have a history of substance use? i.e. drug/alcohol use**

  Yes ☐

  No ☐

  If yes, please give details.

_____

_____

_____

- **Are you engaged with Opioid substitution therapy?**

  Yes ☐

  No ☐

  If yes, please give details e.g. clinic, prescribing doctor

_____

_____

_____

Education/Employment

- **What is employment status?**

Unemployed	
Employed	
On jobseekers	
On disability payment	
Student	
Other	

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- **What is your highest level of education?**

Primary level	
Junior cert	
Leaving cert	
Third level	
Still in education	
Never went to school	

Children

	Under 5 yrs	5-17 yrs	18 plus	Unknown
Living with participant				
Living with other parent				
In care				
Living elsewhere				

Consent

Consent

- **I/the client consents to having personal data processed and stored by Chrysalis CDP for the purposes of providing the service requested. ☐ (Please tick box to confirm)**
- **I/the client give Chrysalis CDP permission to communicate with the above-named referrer about the progress of this referral.**

  I understand that selected information from my records is retained by the Health Research Board (HRB) without the use of my name and used for research purposes.

Nb* – No information will be communicated about the referral without the permission of the client.

In the event we are unable to make contact all data stored will be deleted in rotation.

Signature:_____ **Date:**_____