



DSP CE Drugs Rehabilitation Place
Referral Form.
(Substance Misuse)

This form is to be completed by the appropriate referral practitioner and forwarded as part of the DSP referral procedures to support an application for a CE Drugs Rehabilitation Place.

CE Drugs rehabilitation places are available only to service users who are in drugs rehabilitation and referred to a place; this is defined as individuals attending either a relevant HSE addiction service or other relevant statutory, community based or voluntary drugs support service within the last year.

The local referral practitioner (Key Worker, Case Manager, Counsellor, GP, Treatment Centre Practitioner; Health Service practitioner etc.) identifies through the course of assessment and care planning with the Service User that a CE Scheme is an appropriate intervention to support rehabilitation and progression. Applicants referred to CE need to show the necessary commitment and ability to cope with the daily routine of programme participation.

For further information, please refer to the “DSP Guidelines on Referral for a CE Drugs Rehabilitation Place” (CE DRP RF 2)

Referral Details

Name of Service User: _____

Address: _____

DOB: _____

PPS Number: _____

Contact Number: Home: _____ Mobile: _____

Referral Agency Details

Name of Referral Practitioner: _____

Contact Address: _____

Phone Number: _____

Position: Key/Case Worker Case Manager GP Counsellor Treatment Centre worker ;

Health Service worker Other

If other, please specify _____



Please provide details of any other Agency involved in supporting the Service User's Care Plan (use an additional sheet if necessary)

Contact details: _____

List any additional supports provided: _____

Does the Service User have any special needs? Yes No

If yes, please specify _____

Please list any additional information that might be relevant for this application for a CE drugs rehabilitation place?

CE Scheme Details

Please list details of the CE Scheme that the applicant is being referred to:

CE Scheme Name: _____

Address: _____

CE Supervisor's Name: _____

Rehabilitation CE Scheme Standard CE Scheme

Signed _____

Date _____

Please ensure the Service User completes the attached Information Release Consent Form.

Please forward this CE Referral Form and copy of the Information Release Consent Form to the CE Scheme.

Please provide a copy of the completed CE Referral Form plus Information Release Consent Form to the Service User following the decision to proceed with the CE application.

Please ensure that a completed copy of the DSP CE referral documentation (CE Referral Form plus Information Release Consent Form) is kept on file as part of the Service User's care and case management plan.