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[www.libertiesrecycling.com](http://www.libertiesrecycling.com)

Referee Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Living : Alone:  Family:  Partner:  Other:  Specify: \_\_\_\_\_

Mobile: \_\_\_\_\_ House: \_\_\_\_\_ PPS No: \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

Contact No: \_\_\_\_\_ Do you have any children? Yes  No  If yes how many? \_\_\_\_\_

Any prior experience of counselling , support work? Yes  No

Name of Organisation \_\_\_\_\_

What agency are they working with at present? (Please list, voluntary, statutory etc...)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have an allocated Case Manager?  Yes  No (If yes please give name and agency)

\_\_\_\_\_

Have you completed a Holistic Needs Assessment? Yes  No  Care Plan? Yes  No

Reasons for contacting Liberties Recycling including work experience:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have Medical Card: Yes  No  Are you currently employed? Yes  No

Are you registered for housing with local authority? Yes  No  If yes which local authority? \_\_\_\_\_

Are you in receipt of Benefits? Yes  No  If yes which type? \_\_\_\_\_

What age did you leave school? \_\_\_\_\_ Education highest level? \_\_\_\_\_

Age you first used drugs at \_\_\_\_\_

Which Drug? \_\_\_\_\_

Have you ever injected? Yes  No

If yes what age? \_\_\_\_\_

Have you ever shared injecting equipment? Yes  No

Are you currently using any drugs? Yes  No

Current Drug Use			
Substance including Alcohol and Methadone And Prescription Drugs	Route of administration (i.e. IV, SM, Oral, Snort, rectal etc....)	Frequency of use in last month (i.e. daily, weekly, not in last month)	Age at first use
main substance			
substance 2			
substance 3			
substance 4			

What is the name and contact details of the prescribing GP/Clinic? \_\_\_\_\_

Is the prescribing GP/Clinic aware of the clients referral

YES

NO

Would they agree to support community detox protocols?

YES

NO

**for office use only**

Details recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

Brought to Team Meeting on: \_\_\_/\_\_\_/\_\_\_ Date of first App: \_\_\_/\_\_\_/\_\_\_

Worker Allocated: \_\_\_\_\_

Made contact with client (Details): \_\_\_\_\_