

Frontline Addiction Services

Kavanagh House,
135 Emmet Road,
Inchicore, Dublin 8
Telephone: 01-4536502
Email: info@frontlinemc.ie

Unit 4 Nass Road Industrial Park,
Old Nass Road,
Bluebell, Dublin 12
Telephone: 086- 1277049
Email: info@frontlinemc.ie

56 North Great Clarence Street,
Dublin 1
Telephone: 086- 1277049
Email: info@frontlinemc.ie

Referee Name: _____ Agency Name: _____

Client Name: _____ Gender: Male Female

Address: _____

Nationality: _____ Date of Birth: ____/____/____ Age: _____

Mobile or house number: _____

Date of referral: _____ Referred to which Frontline service: _____

Reason for referral (eg; addiction support, childcare, counseling, family support, community prison links, training unit, aftercare etc)

Additional information:

| Substances used – including Alcohol and prescribed medication | Additional information |
|---------------------------------------------------------------|------------------------|
| | |

Client management: Does the client you have an allocated Case Manager? Yes: No: (If yes please give name and agency)

Please post or e-mail this form to the correct address outlined above and the service user will then be contacted to arrange an assessment.