



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

**This form is to be completed by the appropriate Referral Practitioner as part of the DSP referral procedures to support an application for a CE Drug 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 HSE relevant 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 be stable and 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: \_\_\_\_\_

CE 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.**

