# Referral Form





**Occupational Guidance, Adult Day and**

**Rehabilitative Training Services**

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| (Use Arrow down/up keys on your keyboard to move through the form if entering details electronically.)Personal Details  |
| **First name (s)** |   |
| **Surname** |   |
| **Date of Birth** |   |
| **Gender (M/F)** |   |
| **Address** |  | **HSE** **Residential**  | **[ ]**  |
| **County** |   |
| **Eircode** |   |
| **Telephone Number** |   |
| **Email Address** |   |
| Next of Kin Details |
| **Name** | Click here to enter text. |
| **Relationship to person** | Click here to enter text. |
| **Address** |  |
| **County** | Click here to enter text. |
| **Eircode** | Click here to enter text. |
| **Telephone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Details of Disability** | **Select All appropriate** | **Notes** |
| **Autistic Spectrum Disorder** | **[ ]**  | Click here to enter text. |
| **Head Injury** | **[ ]**  | Click here to enter text. |
| **Hearing** | **[ ]**  | Click here to enter text. |
| **Visual** | **[ ]**  | Click here to enter text. |
| **Mental Health** | **[ ]**  | Click here to enter text. |
| **Physical** | **[ ]**  | Click here to enter text. |
| **Intellectual Disability:** | **[ ]**  | Click here to enter text. |
|  **Mild** | **[ ]**  | Click here to enter text. |
|  **Moderate** | **[ ]**  | Click here to enter text. |
|  **Severe/Profound** | **[ ]**  | Click here to enter text. |
|  **Not Specified** | **[ ]**  | Click here to enter text. |
| **Specific Learning Difficulty** | **[ ]**  | Click here to enter text. |
| **Other - Please Specify** | **[ ]**  | Click here to enter text. |
| **Comment** |   |
| Education Details (Must be completed for School Leaver) |
| **Year Leaving School** | Click here to enter text. |
| **School Type: select option** | **Special School**  | **[ ]**  |
| **Mainstream School** |  **[ ]**  |
| **Mainstream – Special Class** | **[ ]**  |
| **School Name** |    | **Roll Number**:  |
| **School Contact Name** |   |
| **Job Title/Position** | Click here to enter text. |
| **School Address** |  |
| **County** | Click here to enter text. |
| **Telephone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Curriculum that the person is currently following in School** |  |
| Referrer Details |
| **Referral Body** | Click here to enter text. |
| **Date of Referral** | Click here to enter text. |
| **Referrer Title** | Click here to enter text. |
| **Referrer First Name** | Click here to enter text. |
| **Referrer Surname** | Click here to enter text. |
| **Referrer Address** | Click here to enter text. |
| **County** | Click here to enter text. |
| **Telephone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
|    |
| **Information and reports obtained by the HSE are stored on computer (database), for the purpose of providing supports to access and provide Adult Day Service Programmes. The information will be stored and disclosed in accordance with Data Protection Legislation.**  |
| Please ensure that all relevant parts of this form are completed. The Referrer must sign the completed referral form. |
| Signed by Referrer: |
|   | Click here to enter text. | Click here to enter text. |
| **Print Name (above)** | **Signature** | **Date** |
| Please return the completed Referral Form to your local HSE Adult Disability Day Services office |

**For Office Use Only:**

**Client ID: \_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local HSE Adult Disability Day Services Offices:**

|  |  |  |
| --- | --- | --- |
| **HSE Area** | **Address** | **Telephone** |
| Donegal, Sligo, Leitrim, Cavan, Monaghan | **Day Service Coordination Team,**Floor 2 Rossan College,Ramelton Road,Ballyraine, Letterkenny, Donegal **F92 K7WY** | Telephone: 086 0660996E-mail:disabilitydayservices.cho1@hse.ie. |
| Galway, Mayo, Roscommon | **HSE Disability Day Services,** Community Healthcare West, 25 Newcastle Road, Galway,**H91 RW28.** | Telephone: 091 546310E-mail: disabilitydayservices.cho2@hse.ie |
| Limerick, Clare, North Tipperary | **HSE Disability Day Services,** HSE Mid West Community Healthcare, South West Wing, St Joseph’s Health Campus, Mulgrave Street, Limerick, **V94 C8DV.** | Telephone: 061 461263E-mail:disabilitydayservices.cho3@hse.ie |
| Cork, Kerry | **HSE Disability Day Services,** Floor 1, Blackpool, Cork, **T23 YY57.**  | Telephone: 021 4927100E-mail:CKCHDayservices@hse.ie |
| Waterford, Wexford, Carlow, Kilkenny, South Tipperary | **HSE Disability Day Services,** HSE South, St. Dympna’s Hospital, Carlow, **R93 DE62.**  | Telephone: 059 9136417E-mail:disabilitydayservices.cho5@hse.ie  |
| Dunlaoghaire, Dublin South East, Wicklow | **HSE Disability Day Services,** HSE Community Healthcare East, Block B, Civic Centre, Main Street, Bray, Co. Wicklow, **A98 X329.**  | Telephone: 01 274 4188E-mail:disabilitydayservices.cho6@hse.ie |
| Dublin South CityDublin South WestDublin West, Kildare West Wicklow | **HSE Day Opportunities Service,** Hawthorn House, Millennium Park, Naas, Co. Kildare, **W91 FY53.**  | Telephone: 045 931551E-mail:Disabilitydayservices.cho7@hse.ie |
| Laois, Offaly, Longford, Westmeath, Louth, Meath | **HSE Disability Day Opportunities,** HSE MLM, Health Centre, Arden Road, Tullamore, Co. Offaly,**R35 HP73.** | Telephone: 057 9359714E-mail:disabilitydayservices.cho8@hse.ie |
| Dublin North CentralNorth DublinNorth West Dublin | **HSE Disability Day Opportunities,** 2nd Floor, Phoenix Hall, St. Mary’s Hospital, Phoenix Park, **D20 CK33.** | Telephone: 01 7784113E-mail:Disabilitydayservices.chodncc@hse.ie  |