

Soilse Application Form

Please read this form carefully, answer all questions as best you can, sign the completed form and return it to Soilse. Our address is at the bottom of the form.

Are you applying for (Please tick):

Henrietta Place (detox/treatment preparation programme)		McAleenan House (drug-free programme)	
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Name:	
Date of Birth:	
Age:	
Gender:	
Home address: (not treatment address)	
Phone number:	

Who referred you to Soilse?	
Name:	
Address:	
Phone number:	
What is your relationship with them?	

When were you referred to Soilse?			
Are you drug-free?	Yes		No
If yes, how long have you been drug-free?			

Have you completed a residential detox programme?	Yes		No
If yes, where? When?			

If you are still in residential detox, what is your end date?			
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Have you completed a residential detox programme?	Yes		No
If yes, where? When?			

Have you completed a residential treatment programme?	Yes		No
If yes, where? When?			

Are you attending?	Yes	No
Aftercare		
12-Step Fellowships		

A Day Programme			
Do you have a sponsor?	Yes		No

If you are still in residential detox, what is your end date?	
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If you are still in residential treatment, what is your end date?	
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Are you attending a psychiatrist?	Yes	No
Name of psychiatrist:		
Address of psychiatrist		
Phone number of psychiatrist:		

Are you on medication prescribed by a psychiatrist?	Yes	No
Are you on medication prescribed by a GP (family doctor)?	Yes	No
Name of psychiatrist:		
Address of psychiatrist		
Phone number of psychiatrist:		

Please describe and give amount (dosage) of any medication prescribed for you		
Medication	What dose do you take?	How often do you take this?
Methadone		
Valium		
Sleeping tablets		
Anti-depressants		
Anti-psychotics		
Other (give name)		

Why was this medication prescribed?	
Where do you get your medication?	
Name of doctor or clinic:	
Address of doctor or clinic:	
Phone number of doctor or clinic:	

Who is your family doctor (GP)? (if different from above)	
Name of family doctor:	
Address of family doctor:	
Phone number of family doctor:	

If you are applying for our Henrietta Place programme, does your doctor support you coming on a detox preparation programme?		
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Do you have a counsellor?	Yes		No	
Name of counsellor:				

Address of counsellor:	
Phone number of counsellor:	

Are you taking any medication that is <i>not</i> prescribed by a doctor? If yes, please give the amount and how often you take it.	
Amount	How Often

Have you used any of the following drugs in the past two weeks?		
Drug	How much do you take?	How often?
Zimmovane (zimmo's)		
Heroin		
Cocaine		
Cannabis		
Alcohol		
Ecstasy		
Benzodiazepines (benzo's)		
Codeine		
Lyrica (pregabalin)		
Methadone		
Tobacco		
Other (please describe)		

Do you gamble?	Yes		No	
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Are you willing to stop using drugs before you start in Soilse?	Yes		No	
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Please sign and date this form.

Your signature

Today's date

Please return this form to:

Soilse, 1-5 Henrietta Place, Dublin 1, D01 E860

Ph: (01) 872 4922

Email: soilse@hse.ie

Web: www.soilse.ie