



# Frontline Addiction Services

**Kavanagh House  
135 Emmet Road  
Inchicore, Dublin 8**

**Unit 4 Nass Road Industrial Park  
Old Nass Road  
Bluebell, Dublin 12**

**56 North Great Clarence Street  
Dublin 1**

**Telephone: 01-4736502  
Email: info@frontlinemc.ie**

**Telephone: 087-7377743  
Email: info@frontlinemc.ie**

**Telephone: 086-0842490  
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.**