





**Motivation at present:**

**Physical Health Needs/Mental health needs** *(Please detail):*

Medication prescribed:  
*(include dose)*

GP/Clinic details:

Tel:

**Legal Issues** (if any):

*(Please detail current charges/orders)*

Pending / Next Court date(s):

Probation officer details:

Probation Involvement:

Is urinalysis &/or Court report requested:

Charges- current offence(s):



Outstanding charge(s):

Prison Release Date (if applicable):

**Family support referral details**, for family members (parents, spouses, partners, sibling or children) of client engaging with Coolmine services.

Project (*Please tick*): Newbridge (  ) Celbridge (  ) Other (  )

Consent to contact family member:

Family Member Name:

Relationship to client:

Contact Details:

Notes

**Anything else that would support this referral:**

**Referral Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you*