



Referral Form

Occupational Guidance, Adult Day and
Rehabilitative Training Services



(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		PPSN	
Gender (M/F)			
Address		HSE Residential	<input type="checkbox"/>
County			
Eircode			
Telephone Number			
Email Address			

Next of Kin Details

Name			
Relationship to person			
Address			
County			
Eircode			
Telephone Number			
Email Address			

Details of Disability	Select All appropriate	Notes
Autistic Spectrum Disorder	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Visual	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Physical	<input type="checkbox"/>	
Intellectual Disability:	<input type="checkbox"/>	
Mild	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	
Severe/Profound	<input type="checkbox"/>	
Not Specified	<input type="checkbox"/>	
Specific Learning Difficulty	<input type="checkbox"/>	
Other - Please Specify	<input type="checkbox"/>	
Comment		

Education Details (Must be completed for School Leaver)		
Year Leaving School		
School Type: select option	Special School	<input type="checkbox"/>
	Mainstream School	<input type="checkbox"/>
	Mainstream – Special Class	<input type="checkbox"/>
School Name		Roll Number:
School Contact Name		
Job Title/Position		
School Address		
County		
Telephone Number		
Email Address		
Curriculum that the person is currently following in School		
Referrer Details		
Referral Body		
Date of Referral		
Referrer Title		
Referrer First Name		
Referrer Surname		
Referrer Address		
County		
Telephone Number		
Email Address		
<p>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.</p> <p>Please ensure that all relevant parts of this form are completed. The Referrer <u>must</u> sign the completed referral form.</p>		
Signed by Referrer:		
Print Name (above)	Signature	Date
<p>Please return the completed Referral Form to your local HSE Adult Disability Day Services office</p>		

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 0660996 E-mail: disabilitydayservices.cho1@hse.ie
Galway, Mayo, Roscommon	HSE Disability Day Services, Community Healthcare West, 25 Newcastle Road, Galway, H91 RW28.	Telephone: 091 546310 E-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 461263 E-mail: disabilitydayservices.cho3@hse.ie
Cork, Kerry	HSE Disability Day Services, Floor 1, Blackpool, Cork, T23 YY57.	Telephone: 021 4927100 E-mail: CKCHDayservices@hse.ie
Waterford, Wexford, Carlow, Kilkenny, South Tipperary	HSE Disability Day Services, HSE South, St. Dymphna's Hospital, Carlow, R93 DE62.	Telephone: 059 9136417 E-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 4188 E-mail: disabilitydayservices.cho6@hse.ie
Dublin South City Dublin South West Dublin West, Kildare West Wicklow	HSE Day Opportunities Service, Hawthorn House, Millennium Park, Naas, Co. Kildare, W91 FY53.	Telephone: 045 931551 E-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 9359714 E-mail: disabilitydayservices.cho8@hse.ie
Dublin North Central North Dublin North West Dublin	HSE Disability Day Opportunities, 2 nd Floor, Phoenix Hall, St. Mary's Hospital, Phoenix Park, D20 CK33.	Telephone: 01 7784113 E-mail: Disabilitydayservices.chodncc@hse.ie