

County Roscommon Disability Support Group CLG


List of Referral Sources

If you wish to make a referral to County Roscommon Disability Support Group CLG (RSG) to access services for yourself or a family member / loved one, please seek the assistance of **one** of the following service providers or individuals to complete the referral form on your behalf:

- a) GP;
- b) Case Manager with the HSE;
- c) Allied Healthcare Professional (Occupational Therapist, Physiotherapist, Speech and Language Therapist, Social Worker etc.);
- d) Hospital medical professional (e.g. Consultant);
- e) Primary Care

Please note this list not an exhaustive list.

Please note if you require additional information about how to avail of our services or if you are unsure about whom to approach to make a referral, please contact RSG's DALE Centre Programme Facilitator on 090 6625852 (Ext. 700) or 086 0488847 to discuss the referral process.

	County Roscommon Disability Support Group CLG					
	Service User Referral Form – DALE Centre					
	Policy: Day Resource Centre for Independent Living					
Issue Date:	Aug 2018	Revision No. & Date:	REV 004	15.09.20	Review Date:	Oct 2026

***BLOCK CAPITALS** Please if completing by hand

ELIGIBILITY:

To be eligible for referral to the services of RSG’s DALE Centre the person being referred must meet the following criteria *(please tick ‘yes’ or ‘no’ as appropriate)*

Have a primary diagnosis of a physical or sensory disability Yes No

Aged 18 – 65 years Yes No

*If you have answered **No** to any of the above, the person may not be suitable for the services as provided by RSG. Please contact the service to discuss the referral before proceeding.*

REQUIRED DOCUMENTATION:

Please provide the following documentation with the referral form *(please tick)*

- Hospital Assessment
- Other *(please specify)* _____
- Completed Consent Forms *(at the end of this document, if not, why not?)* _____

Has the person being referred history of substance use? Yes No

If Yes, send details of treating physician / current support plan with referral

If current, has the person completed a voluntary period of abstinence of at least 3 months?

Yes No

If previous, has the person completed a Rehabilitation Programme? Yes No

Has the person being referred a history of psychiatric illness? Yes No

If Yes, send details of treating physician / current support plan with referral

Please ensure that all relevant documentation is provided so as to ensure the referral is processed swiftly. Please note we will be unable to process any incomplete referral forms we receive.



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PERSONAL DETAILS:

Name:					
Address:				Eircode:	
Maiden Name:			Email:		
Telephone No:			Mobile #:		
Age Range:	<input type="checkbox"/> 18-30	<input type="checkbox"/> 31-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> over 65
Nominated Contact:			Mobile #:		
Relationship to Client:				Eircode:	
Consent to contact your Next of Kin/Emergency Contact:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
GP:	_____	PHN:	_____		

MEDICAL DIAGNOSIS & RELEVANT HISTORY:

Details:	_____				
Allergies:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please detail: _____			
Sensory Status:					
Hearing:				Vision:	
Communication:					
Functional Status:					
Dependent	<input type="checkbox"/>	Semi Dependent	<input type="checkbox"/>	Independent	<input type="checkbox"/>
Assistance with Mobility:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wheelchair:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mobility Aids:					
Transfers Needed to Car/ Bus	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Details:	_____	Assistance Required (Persons) 1 <input type="checkbox"/> or 2 <input type="checkbox"/>			
Transport Required to RSG:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so, please detail:	_____				
<i>NOTE: Transport is subject to a donation please contact Activities Facilitator for details.</i>					
Assistance With					
Toileting:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Catheter to be emptied?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Feeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Special Dietary Requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details:					
Risk Management					
Fall Risk	<input type="checkbox"/>	Wandering Risk	<input type="checkbox"/>	Specify:	_____
Assistance with Mobility:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wheelchair:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Assessed by					
Occupational Therapist	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify:					
Attends Day Services	Yes <input type="checkbox"/> No <input type="checkbox"/>				

RSG has the responsibility to protect all personal and sensitive data concerning job applicants. Such data must be processed fairly for specified purposes and on the basis of the consent of the person concerned or some other legitimate basis laid down by law.



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If so, where:

Previous Medical History / Illness / Hospitalisation: *(any degenerative/progressive/deteriorating conditions):*

Previous Psychiatric History / Mental Health Difficulties / Treatment / Hospitalisation:

PAST OR CURRENT SERVICES ATTENDED:

Please Specify Any On-Going Therapy

Current Medication (Please write medications legibly in BLOCK CAPITALS)

PROFESSIONAL AGENCIES / SERVICES CURRENTLY INVOLVED:

Are you in receipt of a service at present from the HSE, such as Public Health Nurse, Case Manager etc or from any other organisation? If so, please list:

OTHER RELEVANT INFORMATION:

REFERRAL DETAILS *(please ensure to complete this section):*

Name of Person Completing Referral:			
Agency/Organisation:			
Relationship to Person Referred:			
Address:		Eircode:	
Email:		Mobile Number:	

DATA PROTECTION STATEMENT:

By applying to take part in any services or programmes facilitated by County Roscommon Disability Support Group CLG (RSG), you acknowledge that your personal data (including special category personal data) shall be processed by RSG. The Consent to Share Information Form attached to this application form gives you some helpful information about who we are, what personal data we collect about you, why, who we share it with and why, how long we keep it, and your rights. If you need more information, please see our Data Protection Policy available at www.rsg.ie.

Signed:		Date:	
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RSG Office Use Only:	
Date Referral Received:	
Additional Comments:	
Signed on behalf of RSG:	Print Name:

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Release of Information Consent Form

Where the Person Referred Can Legally Sign for Themselves

Part I

I hereby give consent to **RSG** to obtain information on my clinical and occupational history. I understand that this information may be used to assess the suitability of **RSG's** DALE Programme Services to my needs. I understand that **RSG** will hold my information on a secure electronic database and in a secured hard copy.

Signature of Person Referred:	
PRINT NAME:	
Date:	

Part II

I hereby give consent for **RSG** to release personal and sensitive personal data to my G.P. and/or other service providers or clinicians involved in my care.

Signature of Person Referred:	
PRINT NAME:	
Date:	

I understand that I may revoke this consent at any time by writing to **RSG**. If information has already been released based on my consent, my request to stop the consent will not apply to information already released.

In line with the Data Protection Act 2018, any information received by or disclosed by **RSG** about individuals (including electronic information) will only be held with regards to the intended purpose i.e. to assess a referred person's needs in order to identify if and how **RSG** can meet their needs. If the person referred is offered a service, the assessment information will remain on the individual's file. Anonymised information will be used by the organisation to monitor the demand for services and to monitor the effectiveness of the service. **RSG** may also use this to inform organisational development and business priorities and to publish anonymised service outcomes.

RSG Office Use Only	Date for Consent Review:	
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