

Professional Referral Form Adult Therapeutic Service

Dublin: 23/24 Buckingham Street, Dublin 1. / Christchurch Square, D8 Tel (01) 813 41 00

Cork: Blackmore House, Meade Street, Cork. Tel (021) 203 80 05

Galway: The Sanctuary, 27 Chois Chair, Claregalway, Galway. Tel (091) 454 489

Email: birthhistory@barnardos.ie

Client Detail

Name:

Gender:

Address:

Telephone:

Date of Birth/Age:

/

Preferred method of contact:

Phone

Text

Email

Letter

Email:

Is this client a...

Birth Mother/ Birth Father

An Individual who has been
boarded out as a child

An Adopted Adult

Other (Please specify)

An Individual Subject of an
Illegal Birth Registration

Referrer Details

Name:

Social Work Dept / Organisation:

Address:

Telephone:

Email:

Is the client aware of, and consented to this referral:

Yes

No

Is this referral for: Individual work

Group Work

Both

Please let us know the reason this referral is being made: (Please ensure this section is completed)

Signed:

Date: