



# Centre for the Care of Survivors of Torture (CCST) MEDICO-LEGAL REFERRAL FORM

CCST ID NUMBER	
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## To Be Completed by Solicitor for Medico-Legal Assessment Only

**Please ensure form is completed clearly**

*Please ensure that all relevant documents are enclosed with this completed referral form in order to process your application*

### 1. Personal Particulars of Client:

Name:		TRC No:	
Current Address:		Telephone No:	
		Gender:	MALE      FEMALE
		Date of Birth:	
Marital Status:		Separated Child	YES      NO
Number of Dependents in Ireland:		Number of Dependents in Country of Origin:	
Medical Card No:		Country of Origin:	
Ethnic Group:		Native Language:	
Interpreter Required:	YES      NO	If YES which language:	

### 2. Please tick the relevant box:

Asylum Seeker                      Refugee                      Other

If Other, Please Specify: \_\_\_\_\_

### 3. If seeking asylum please identify at which stage of the asylum process the client is at:

Prior substantive ORAC interview      Post substantive ORAC interview      Post RAT hearing

### 4. Does the client claim torture/inhuman or degrading treatment in their country of origin?

Yes      No      **If YES please tick the following relevant box(es):**

- Has the client disclosed this in their Asylum Application Form?
- Has the client disclosed this at ORAC substantive interview?



f. Any treatment/surgery in Ireland relating to the above? If so what?

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g. Current medication details (if known):

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6. Name and contact details of relevant Healthcare professionals:

GP Name/Address/Tel/Fax:	AMO Name/Address/Tel/Fax

7. Name and contact details of relevant legal representatives:

Solicitor's Name/Address/Tel/Fax:	Legal Caseworker/ Name/Address/Tel/Fax:

8. Name of referrer (In Block Letters Please): \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Referrer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return or contact for enquiries:**

CCST Client Services  
213 North Circular Road  
Phibsboro  
Dublin 7

Phone: 01 838 9664  
Fax: 01 882 3547  
E-mail: [clientservices@ccst.ie](mailto:clientservices@ccst.ie)  
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