



In partnership with Heart of Birmingham Primary Care Trust

REFERRAL FORM

Client Age 12 – 18 Years

Open Door operates an open file policy - clients have access to their files.

Name of Practice Referring

Address of Practice

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Name of General Practitioner

Surgery Telephone Number

Patients Name

Patient's Date of Birth

Ethnic Group (for statistical purposes).....

Patient Telephone Number

Is it appropriate to mention Open Door to family members if telephoning the patient at home?

yes

no

Patient Address

Post Code.....

Is it appropriate to write to the patient at home?

yes

no

Please give brief details of the patients presenting problems and your reasons for referral to Open Door.

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