



**open door**  
youth counselling

**In Partnership with Heart of Birmingham  
Primary Care Trust**

**SCHOOL NURSE  
REFERRAL FORM**

**Client Age 12 – 18 Years**

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

**Name of School referring** .....  
Address of School .....  
.....  
Post Code.....

**Name of Referring Nurse** .....  
Nurse's Telephone Number .....

*The patient's GP has clinical responsibility for the patient. You will need to discuss this with their GP and get their agreement to this referral.*

**Please tick to confirm you have done this:**    

**GP's Name** .....  
Practice's Address .....

Signed: ..... (School Nurse's signature)

**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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