



In partnership with *Birmingham East and North*

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

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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