open door
youth counselling

In Partnership with South 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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Please return forms to Carmel Mullan-Hartley, Managing Director (Direct line 0121 454 1118) at:
Open Door Youth Counselling Service, 2 Greenfield Crescent, Edgbaston, Birmingham B15 3BE.
0121 454 1116 (office and Fax) Email; opendoor01@btconnect.com
Registered Charity 1112253