open door
youth counselling

In partnership with South 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 ……..

……..

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.

……

……

……..……..

……

……

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 5476586