**Referral form for the Refugee Health Nurse Program**

**Please complete as much of the information as known then email or fax to NSW RHS**

**Email to:** [RHS.Referrals@sswahs.nsw.gov.au](mailto:RHS.Referrals@sswahs.nsw.gov.au) **Fax to: (02) 8778 0790**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client details** | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | | | | |
| Country of birth |  | | | | | | | | | | | | | | |
| Gender | **MALE / FEMALE** | | | | | | | | | | | | | | |
| HEMS number (if known) |  | | | | | | | | | | | | | | |
| Medicare Number (include position number on card) |  |  |  | | |  |  |  |  |  | |  | |  |  |
| Health care Card Number |  |  |  | | |  |  |  |  |  | |  | |  |  |
| Number of adults in the family |  | Names of adults  other than client | |  | | | | | | | | | **Note:**  **Add each person’s details to page 3 of**  **this form if you would like to refer them for an assessment** | | |
| Number of children in the family |  | Names of children other than client | |  | | | | | | | | |
| **Language details** | | | | | | | | | | | | | | | |
| Preferred language |  | | | | | | | | | | | | | | |
| Other languages spoken |  | | | | | | | | | | | | | | |
| English language proficiency |  | | | | | | | | | | | | | | |
| Literacy in own language |  | | | | | | | | | | | | | | |
| Interpreter required | **YES / NO** | | | | | | | | | | | | | | |
| Interpreter needs (e.g. ethno specific; gender specific) |  | | | | | | | | | | | | | | |
| **Arrival details** | | | | | | | | | | | | | | | |
| Date of arrival in Australia |  | | | | | | | | | | | | | | |
| Visa type |  | | | | | | | | | | | | | | |
| Countries of transit |  | | | | | | | | | | | | | | |
| Refugee camp abroad | **YES / NO** | | | | Duration in camp (if known) | | | | | |  | | | | |
| Detention in Australia | **YES / NO** | | | | Detention duration (if known) | | | | | |  | | | | |

**Continued over page**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Contact details** | | | | | | | |
| Address |  | | | | | | |
| Suburb |  | | Postcode |  |  |  |  |
| Contact number (1) |  | | | | | | |
| Contact number (2) |  | | | | | | |
| Email (if known) |  | | | | | | |
| Next of kin details  (name; relationship, contact numbers) |  | | | | | | |
| Caseworker details  (name; organisation, contact numbers) |  | | | | | | |
| **GP details** (if known) | | | | | | | |
| GP name |  | | | | | | |
| GP telephone numbers |  | | | | | | |
| GP address, suburb; postcode |  | | | | | | |
| GP language  other than English |  | | | | | | |
| **Health information** | | | | | | | |
| Current health issues/  or concerns |  | | | | | | |
| Health alerts | **YES / NO** | If yes, **RED / GENERAL** | | | | | |
| Health Undertakings | **YES / NO** | If yes, has Health Undertaking Service been contacted? **YES / NO** | | | | | |
| Health manifest available | **YES / NO** | | | | | | |
| Detention Health discharge summary available | **YES / NO** | | | | | | |
| **Referrer details** | | | | | | | | |
| Name |  | | | | | | | |
| Email |  | | | | | | | |
| Organisation (if applicable) |  | | | | | | | |
| Relationship to client  (e.g. caseworker, sponsor) |  | | | | | | | |
| Contact numbers |  | | | | | | | |

**Please complete the following details for each family member you would like included in the assessment:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other family member’s details** | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | |
| First name |  | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | |
| Gender | **MALE / FEMALE** | | | | | | | | | | | |
| Medicare Number (include position number on card) |  |  | |  |  |  |  |  |  |  |  |  |
| Health care Card Number |  |  | |  |  |  |  |  |  |  |  |  |
| Current health issues/  or concerns |  | | | | | | | | | | | |
| Health alerts | **YES / NO** | | If yes, **RED / GENERAL** | | | | | | | | | |
| Health Undertakings | **YES / NO** | | If yes, has Health Undertaking Service been contacted? **YES / NO** | | | | | | | | | |
| Health manifest available | **YES / NO** | | | | | | | | | | | |
| Detention Health discharge summary available | **YES / NO** | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other family member’s details** | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | |
| First name |  | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | |
| Gender | **MALE / FEMALE** | | | | | | | | | | | |
| Medicare Number (include position number on card) |  |  | |  |  |  |  |  |  |  |  |  |
| Health care Card Number |  |  | |  |  |  |  |  |  |  |  |  |
| Current health issues/  or concerns |  | | | | | | | | | | | |
| Health alerts | **YES / NO** | | If yes, **RED / GENERAL** | | | | | | | | | |
| Health Undertakings | **YES / NO** | | If yes, has Health Undertaking Service been contacted? **YES / NO** | | | | | | | | | |
| Health manifest available | **YES / NO** | | | | | | | | | | | |
| Detention Health discharge summary available | **YES / NO** | | | | | | | | | | | |