****REFUGEE HEALTH NURSE REFERRAL FORM**

**Please email completed form to:**

[**wyndham.intake@ipchealth.com.au**](mailto:wyndham.intake@ipchealth.com.au) **for Wyndham or**

[**brimbank.intake@ipchealth.com.au**](mailto:brimbank.intake@ipchealth.com.au) **for Brimbank or**

[**hobsons.intake@ipchealth.com.au**](mailto:hobsons.intake@ipchealth.com.au) **for Hobson’s Bay**

**ONLY for Asylum Seekers without Medicare-** [**Asylumseeker.referrals@ipchealth.com.au**](mailto:Asylumseeker.referral@ipchealth.com.au)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consent obtained for referral:**  **Yes □ No □ Date of referral:** | | | | | |
| **Details of people being referred** | | | | | |
| **First name** | **Last Name** | | **DOB** | **Gender** | **Relationship** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Address:** | | | | | |
| **Phone number(s):** | | | | | |
| **Type of housing***: Eg. Private Rental, Public Housing, Rooming House* | | | | | |
| **Is client a refugee/Permanent Resident? Y N** | | **Medicare:** Y N  **Number if Y/known:** | | | |
| **Is client an asylum seeker?** Y N | | **Date released from detention:** | | | |
| **Country of Birth:** | | **Country of Departure:** | | | |
| **Date of Arrival in Australia:** | |  | | | |
| **Language(s) Spoken:** | | **Interpreter required?** Y N | | | |

|  |  |
| --- | --- |
| **Reason for referral:** | |
| **All known medical conditions:** | |
| **Name of GP clinic and/or GP:** | |
| **Other medical services involved:** *Eg. Specialists/Allied health* | |
| **Other support services involved:** *Eg. Foundation House/Settlement Support Service****/****Family Services/NDIS* | |
| **Links to the community** *Eg. Family/Social/School* | |
| **Referrer Details** | |
| **Name:** | **Agency:** |
| **Role:** | **Phone/Mobile:** |
| **Email:** | |