****REFUGEE HEALTH NURSE REFERRAL FORM**

**Please email completed form to:**

**wyndham.intake@ipchealth.com.au** **for Wyndham or**

**brimbank.intake@ipchealth.com.au** **for Brimbank or**

**hobsons.intake@ipchealth.com.au** **for Hobson’s Bay**

**ONLY for Asylum Seekers without Medicare-** **Asylumseeker.referrals@ipchealth.com.au**

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| **Consent obtained for referral:**  **Yes □ No □ Date of referral:**  |
| **Details of people being referred**  |
| **First name** | **Last Name** | **DOB**  | **Gender** | **Relationship** |
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| **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 |

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| **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:** |