



## **Refugee Health Service**

# Complex care needs of refugee and asylum seeker children and young people

#### Patient details

Name:	Surname:	
Preferred name:		
Date of birth:	Sex	M 🗌 F 📄 Intersex 🗌
UMRN:		
Medicare number:	Ref:	Expiry:
Address:		
	Postcode:	
Phone:		
Next of kin		
Name:	Surname:	
Relationship:		
Address:		
	Postcode:	
Phone:		
Additional information		

Visa class:	
Country of birth:	Date of arrival in Australia:
Languages spoken:	



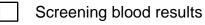
Interpreter required? Yes No
Case worker name:
Phone:
School attended:
Transport requirements:

#### **Referral details**

Reason for referral:

## Diagnostics

#### Attached:



Immunisation records



PCH Refugee Health Service pch.health.wa.gov.au



#### Past medical history

Height:\_\_\_\_\_

### **Medications**

## Allergies

Family relationships

#### Other parent/carer

Name:	DOB:	U/R:
Sibling(s)		
Name:	DOB:	U/R:

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Name:		DOB:	U/R:
Name:		DOB:	U/R:
Referrer details			
Name:			
Profession:			
Agency name:			
Provider number:			
Address:			
Phone:	Mobile:		Fax:
Email:			
Signature:			Date:

#### For medical professionals

If you are a medical professional (GP or from the Humanitarian Entrant Health Service), please send all outpatient referrals to CRS using one of the following options:

- Fax: 1300 365 056
- Post: GPO Box 2566, St George's Terrace, WA 6831
- Secure Messaging: MMEX or HealthLink Secure Messaging: crefserv

#### For non-medical professionals

If you are a referrer from a school, a community nurse/psychologist, case worker or IHMS services, please submit this form directly to the PCH Referral Office by clicking below or email directly with attachments.

#### Submit form to PCH Referral office

Email

PCH.referrals@health.wa.gov.au

PCH Refugee Health Service pch.health.wa.gov.au

