



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:

- Screening blood results
- Immunisation records
- Other investigations



Past medical history

Height:.....

Weight:.....

Medications

Allergies

Family relationships

Other parent/carer

Name:..... DOB:..... U/R:.....

Sibling(s)

Name:..... DOB:..... U/R:.....

Name:..... DOB:..... U/R:.....

Name:..... DOB:..... U/R:.....

Name:..... DOB:..... U/R:.....



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

