



Refugee Health Service

Referral form

Referrals to the **Perth Children's Hospital Refugee Health Service** can be made by:

- medical practitioners
- the Humanitarian Entrant Health Service
- schools
- community nurses/psychologist
- case workers
- via IHMS services.

Please complete and return this form to:

Central Referral Service

Phone

1300 551 142

Fax

1300 365 056

Email

Central.ReferralService@health.wa.gov.au

Online

[https://ww2.health.wa.gov.au/Articles/A E/Central-Referral-Service-guide-for-referrers](https://ww2.health.wa.gov.au/Articles/A_E/Central-Referral-Service-guide-for-referrers)

Patient details

First name:

Last name:

Male Female

Address:

Date of birth:

Country of birth:

UMRN:

Phone:

Mobile:

Medicare number:

Reference:

Expiry:

Next of kin

First name:

Last name:

Relationship:

Address (if different than above):

Phone:

Mobile:

Additional information

Visa class:

Languages spoken:

Interpreter required? Yes No

Date of arrival in Australia:

Case worker name:

Phone:

Mobile:

School attended:

Transport requirements:



Referral details

Current problem/reasons for referral:

Diagnostics:

Attached (please tick):

- Screening blood results
- Immunisation records
- Other investigations

Past medical history

Height:

Weight:

Medications

Please list

Allergies

Please list



Family relationships

Other parent/carer

Name: Date of birth: U/R:

Sibling(s)

Name: Date of birth: U/R:

Name: Date of birth: U/R:

Name: Date of birth: U/R:

Name: Date of birth: U/R:

Name: Date of birth: U/R:

Name: Date of birth: U/R:

Referring doctor/clinician

Name:

Practice/organisation:

Phone: Fax:

Address:

Referrer signature:

Provider number:

Date:

If the Submit form button is not working, please email form to:

Central.ReferralService@health.wa.gov.au