Government of **Western Australia**
Child and Adolescent Health Service

CONFIDENTIAL – PATIENT INFORMATION

COMMUNITY HEALTH

REFERRAL TO REFUGEE HEALTH

Surname: .....
Given name: .....
UMRN: .....
Gender: ..... DOB: .....
Address: .....
Postcode: .....

AFFIX LABEL HERE

Email form to: **CACH.RefugeeHealthReferrals@health.wa.gov.au**

Country of origin: _____ Date of arrival in Australia: _____

Interpreter required: ☐ Yes ☐ No Language and dialect: _____

Visa type: _____ Verbal consent: ☐ Yes ☐ No

Alternative contact: _____ Relationship: _____

Phone: _____ Mobile: _____

Reason(s) for referral:

Referrer's details

Referrer's name: _____ Position: _____

Work site: _____ Phone: _____

Email: _____

I am happy to be contacted by email: ☐ Yes ☐ No

Signature: _____ Date: _____

Additional information

Referrer's signature: _____ Date: _____

Do not write in margin

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CHS080
01/25

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