

## CLIENT REFERRAL FORM

CHECKLIST											
<input type="checkbox"/> DETAILS ON BOTH PAGES COMPLETED											
<input type="checkbox"/> ONE FORM PER CLIENT											
<input type="checkbox"/> CLIENT AND/OR GUARDIAN CONSENT OBTAINED BEFORE REFERRAL IS SENT											
<input type="checkbox"/> FOR PERMANENT RESIDENTS (HUMANITARIAN ENTRANTS) COPY OF VISA ATTACHED (FOR MEDICARE PURPOSES)											
<input type="checkbox"/> REFERRALS CAN BE FAXED ON 3840 8455, EMAILED OR POSTED											
<input type="checkbox"/> THE QIRCH CLINIC PROVIDES SHORT-TERM CARE FOR REFUGEE CLIENTS UNLESS THERE ARE CIRCUMSTANCES PREVENTING ACCESS TO MEDICARE FUNDED HEALTH CARE											
REFERRER DETAILS					REFERRAL DATE						
Name					/ / 200						
Relationship to the client					Phone number						
Organisation											
QPASTT		<input type="checkbox"/>	MDA		<input type="checkbox"/>	ACCESS INC		<input type="checkbox"/>	General Practitioner		
ROMERO CENTRE		<input type="checkbox"/>	RCSC		<input type="checkbox"/>	OTHER					
<i>For QPASTT referrals - MDA Case worker name &amp; number</i>											
Are you involved in ongoing care?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, for how long?				
If no please advise alternate contact											
CLIENT DETAILS											
CLIENT CONSENT HAS BEEN OBTAINED? Where the client is 15 years and younger, consent must be obtained from parent or guardian. The parent or guardian must also attend appointments.								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PLEASE NOTE: If the client has a Medicare Card their name must appear here exactly as it appears on the card											
Surname			Given Name								
Medicare No			Date of birth								
Address			Gender								
			Marital Status			single	<input type="checkbox"/>	married	<input type="checkbox"/>		
			Postcode			widowed	<input type="checkbox"/>	partnered	<input type="checkbox"/>		
Home phone			Next of Kin								
Mobile			Relationship								
Country of birth			Prior occupation								
Country of exit			Has the person seen a Doctor in Australia?								
Arrival date			No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please give details:				
Language			Name								
Dialect			Date of last visit								
Preferred interpreter			Suburb/phone								
Refugee Status (definitions on next page)		PLEASE ATTACH COPY OF VISA AS PER MEDICARE REQUIREMENTS									
		<input type="checkbox"/> Refugee Claimant without Medicare									
		<input type="checkbox"/> Refugee Claimant with Medicare									
		<input type="checkbox"/> TPV Holder									
		<input type="checkbox"/> Refugee with Permanent Residency (eg visa 200, 202, 204)									
		<input type="checkbox"/> Others									

## REFERRAL DETAILS

### REASON FOR REFERRAL - please attach copy of health manifest if applicable

*(Attach additional pages if needed to support referral)*

**EXAMPLES** These are a **guide** for appropriate referrals to QIRCH, please call us if you have any questions.

**PHYSICAL HEALTH ISSUES:** Injuries sustained through torture/trauma, developmental delays, female genital mutilation, infectious diseases (Hepatitis B, Malaria, Parasitic infections), chronic medical conditions or illnesses

**PSYCHOLOGICAL HEALTH ISSUES:** Depression, anxiety, PTSD (nightmares, flashbacks, sleeplessness)

**SOCIO-CULTURAL ISSUES:** Current health management inappropriate, large family group, unaccompanied minor, domestic violence, social isolation, many years in a refugee camp.

### REFUGEE STATUS DEFINITIONS

**Refugee claimants** (with or without Medicare) -(sometimes called an asylum seeker) is someone who entered Australia with valid travel documentation and is permitted to remain in Australia while their application for refugee status is considered.

**TPV holder** (Refugees with temporary protection visas) - under regulations introduced in October 1999, unauthorised arrivals found to be genuine refugees are granted a 3-year Temporary Protection Visa on their release from a detention centre.

**Refugee with Permanent Residency** Newly arrived refugees and humanitarian entrants who are granted permanent residence before arriving in Australia

### OFFICE USE ONLY

Case conferenced by:

Date \_\_\_ / \_\_\_ / \_\_\_

#### Outcome

Accepted

Referrer advised by:

Phone

Letter

Date: \_\_\_ / \_\_\_ / \_\_\_

Denied

Referrer advised by:

Phone

Letter

Date: \_\_\_ / \_\_\_ / \_\_\_

Reason:

Entered in referral log