

HARK CLINIC REFERRAL FORM

SCHN Children's Refugee Service
Children's Hospital at Westmead
Attention: Prof David Isaacs

Please complete a separate form for each child. Referral from a GP, paediatrician or refugee service is appreciated.
The referrer and/ or child's carer may be contacted and asked to provide further information. This is in order to help us understand the child and their health, developmental and behavioural needs.

Date: ____/____/____

Patient's Personal Details

First name: _____ Surname: _____

DOB: dd/mm/yy ____/____/____ Age: (this year) _____ Male Female

Address: _____

Interpreter required: Yes No Preferred language: _____

Country of birth: _____ Australia arrival date: dd/mm/yy: ____/____/____

Medicare number: _____

If Medicare ineligible, is the patient a client of any of the following services:

- IHMS client (community detention) Life without Barriers Red Cross Marist Youth
 Settlement Services Int. No Unknown

Migration Status

Refugee: No Yes Visa Type (if known): _____

Asylum Seeker No Yes

Person to Contact

Name: _____ Relationship to child: _____

Interpreter required: No Yes

Email: _____ Phone: _____

Reason for Referral: (Include clinical findings, management to date, relevant medical and social history, immunisation status, and special needs)

(more space overleaf)

Specify medication taken and any allergies _____

Other referrals made: _____

GP/Paediatrician Details

Name: _____

Phone: _____ Fax: _____

Address: _____

Provider number: _____ Signature: _____ **Print & Sign**

Referrer Details (non-GP):

Name: _____ Organisation: _____

Email: _____ Phone: _____

Supporting Documentation: Please attach any relevant assessments and pathology results.

Fax to 9845 0829 | Email: SCHN-CHW-refugee@health.nsw.gov.au | Clinical Enquiries: Alanna Maycock 9845 0000 page 6655 (Tues, Fri), Alanna.Maycock@health.nsw.gov.au

Admin Use Only

Date received: ____/____/____

When to be seen: within 1 month within 3 months within 6 months

Appointment date, time and location: _____

Additional patient details: