

 <p> Department of Health Government of Western Australia WA Country Health Service Wheatbelt Population Health Unit </p> <p style="text-align: center;"> <u>Referral to Aboriginal Health Professionals</u> </p>	Surname:	Unit No. <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>											Sex
	Given Names:	Date of Birth <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>											Age
	Address:												
	Town:	Post Code:											
Telephone Hm:		Wk:											
Mob:		Medicare No:											

PARENT/GUARDIAN:

SCHOOL/DAYCARE:

Referral for:

- | | |
|--|---|
| <input type="checkbox"/> Contract tracing
<input type="checkbox"/> Diabetes management support
<input type="checkbox"/> Home visits
<input type="checkbox"/> Immunisation support | <input type="checkbox"/> GP health assessment
<input type="checkbox"/> Medication follow up
<input type="checkbox"/> Social issues
<input type="checkbox"/> Other: _____ |
|--|---|

Health Professional / Person/s Referring:

Name:	Title
Workplace:	Phone:
Would you like feedback in regards to this referral YES / NO	

BRIEF CLIENT HISTORY

REASONS FOR REFERRAL

Is patient or carer aware of referral and give consent to the sharing of information with the members of the WACHS Wheatbelt Health Service if it helps with the management of the clients/ child's health and wellbeing?
 Yes

 No

_____ **Parent Signature**

Date:

Please return to:
 Wheatbelt Aboriginal Health Service
 Avon & Central Primary Health Team
 59 Wellington St, PO Box 407 Northam WA 6401
 Tel: (08) 9690 2888
Facsimile: (08) 9690 2850

ABORIGINAL HEALTH REFERRAL FORM