

Fax completed form to: (03) 9792 7765 - **ATTN: Refugee Health Nurse on Triage**

Referrer details: _____ Date of referral: _____
Referrer name: _____ T: _____
Role: _____ E: _____
Organisation / Program: _____ F: _____

Name _____ **Status:** Refugee Asylum seeker
Surname: _____ Male Female Intersex
Address: _____ T: _____
_____ DOA in Australia: _____
DOB: _____ Medicare: Y N Interpreter required: Y N
Country of birth: _____ Medicare No.: _____
Languages spoken: _____ Visa : _____
GP (if applicable): _____

Service / Health Profession requested :

Physical health issues: _____

Mental health issues: _____

Social issues: _____

Current medications: _____

EMERGENCY CONTACT DETAILS:

Name: _____ Relationship: _____

Contact number: _____