



ENVIRONMENTAL HEALTH REFERRAL FORM

Explanation for the Patient / parent/ carer:

- The medical condition (illness) you have is preventable and may be linked to the environment in or around your home.
- With your permission, the local EH team can visit you at home to:
 - talk to you about the home environment and how it can cause illness,
 - visit your home to identify any environmental health related issues that are contributing to you being sick,
 - help you overcome or minimise those issues,
 - fix any required house repairs while they are there or help you by referring any house maintenance.
- This service is free and depending on your circumstances and what the issue(s) is/are, the local environmental health team may offer to visit you in your home several times to help you.

NB: Email Completed Referral form to AboriginalEnvironmentalHealthWA@health.wa.gov.au

Presenting health concern (attributable to environmental health):		
<input type="checkbox"/> Gastro (runny tummy)	<input type="checkbox"/> Trachoma	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Skin sores/ impetigo	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> ARF/ RHD
<input type="checkbox"/> Scabies	<input type="checkbox"/> Otitis media (glue ear)	<input type="checkbox"/> MRSA/ Golden Staph
<input type="checkbox"/> Injury (open wounds)	<input type="checkbox"/> Mosquito borne (arbovirus)	<input type="checkbox"/> Worms & other Parasitic infestations
<input type="checkbox"/> Kidney disease (APSGN)	<input type="checkbox"/> Other (<i>please specify</i>)	
Additional information:		

Date:	
Patient Name (<i>and Guardian details if under 18</i>):	
Patient/Guardian (<i>and phone number</i>):	
Address (<i>Community name and house number</i>):	
Primary house tenant contact details (<i>if not the patient</i>):	

Referring Clinic/ Health Service contact details:	EH Team:
Name of Referring Clinician:	Referring Clinician contact details:
Patient/Guardian Signature: <i>(I consent to having an Environmental Health team member visit me)</i>	Date:



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Disclaimer

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Feedback

Any feedback related to this document should be emailed to ehinfo@health.wa.gov.au