

Kimberley Region Environmental Health Referral Form
(March 2019)

Explanation to patient / parent / carer:

- *The condition you have can sometimes be linked back to the home or community environment. Environmental health knowledge can help you prevent this type of sickness.*
- *If you agree, we can connect you with the local EH team, who will work with you to stop this kind of sickness in your home.*
- *This service is voluntary. When you sign this form, the Clinic will send it to the EH team who will visit you at your home.*

Presenting health concern:

<input type="checkbox"/> Gastro symptoms	<input type="checkbox"/> Skin infection / impetigo / scabies	<input type="checkbox"/> ARF
<input type="checkbox"/> Worms	<input type="checkbox"/> Scabies	<input type="checkbox"/> RHD
<input type="checkbox"/> Arboviruses	<input type="checkbox"/> Respiratory conditions	<input type="checkbox"/> APSGN
<input type="checkbox"/> Injury (eg dog bite)	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Trachoma
<input type="checkbox"/> Dialysis home visit	<input type="checkbox"/> OTHER (please write clearly):	
<input type="checkbox"/> Additional information?		<input type="checkbox"/> Patient does not want diagnosis disclosed

1. Date: _____
2. Patients name: _____
3. Address: _____
4. Are they the Primary Tenant? Y / N If not who is? _____
5. Best contact details: _____
6. Clinic attended: _____
7. Referring Clinicians name: _____
8. Clinicians contact details: _____
9. Primary Environmental Health contact: _____



PATIENT CONSENT / PARENT OR CARER CONSENT FOR A CHILD UNDER 18 YEARS

- I agree that information about the type of sickness discussed today can be shared with the EH team to help them prepare information and support for me and my family.
- The EH team visit to my home may include:
 - Talking about the environment and ways that sickness can spread
 - Providing information on how to stop sickness
 - Checking the house hardware is working well
 - Connecting with other services that may support my family's health
 - Getting back in touch with the Clinic about my care

NAME: SIGNATURE: DATE:

- PLEASE REMEMBER TO GIVE TO THE PATIENT :
- (1) A COPY OF YOUR REFERRAL LETTER TO KEEP, and
 - (2) A HANDOUT ABOUT EH SERVICES IN THIS COMMUNITY.

CHECK YOUR LOCAL EH TEAM FROM THE OPTIONS BELOW:

<p style="text-align: center;">FOR EAST KIMBERLEY AREA</p> <p style="text-align: center;"><u>Nirrumbuk Environmental Health Services</u> (contacts below) <u>and/or Kimberley Population Health Unit</u></p> <p style="text-align: center;">Tim Bond KPHU.envhealth@health.wa.gov.au Mob: 0417 387 368</p> 	<p style="text-align: center;">FOR FITZROY VALLEY</p> <p style="text-align: center;"><u>Nindilingarri Cultural Health Services</u></p> <p style="text-align: center;">Please use referral form available from KPHU or Nindilingarri.</p>
<p style="text-align: center;">FOR BROOME REGION, KUTJUNGKA and EAST</p> <p style="text-align: center;">KIMBERLEY</p> <p style="text-align: center;"><u>Nirrumbuk Environmental Health Services</u></p> <p style="text-align: center;">Chicky Clements / Sarah Morris EH@nirrumbuk.org.au TEL: 08 9193 7100</p> 	<p style="text-align: center;">FOR DERBY / WEST KIMBERLEY REGION <i>excluding Fitzroy Valley</i></p> <p style="text-align: center;"><u>Aboriginal Environmental Health Unit</u> <u>Shire of Derby / West Kimberley</u></p> <p style="text-align: center;">Stuart Martin AEHU@sdwk.wa.gov.au TEL: 08 9191 0954</p> 
<p style="text-align: center;">FOR HALLS CREEK REGION</p> <p style="text-align: center;"><u>Health & Regulatory Services</u> <u>Shire of Halls Creek</u></p> <p style="text-align: center;">Musa Mono dhrs@hcshire.wa.gov.au Phone: 08 9168 6007</p> 	

If you do not receive confirmation by email of receipt of this referral from the respective EH team within three days of your referral, please contact directly by phone. kahpf.org.au