



ABORIGINAL ENVIRONMENTAL HEALTH REFERRAL FORM

Explanation for the Patient / Guardian:

- 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:
 - o talk to you about the home environment and how it can cause illness,
 - o visit your home to identify any environmental health related issues that are contributing to you being sick,
 - o help you overcome or minimise those issues, and depending on your circumstances
 - o fix permitted basic or emergency plumbing issues or refer to your housing provider other house maintenance issues.
- 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.

| Barrantina harabbarrana /au/ | da | | ` | | |
|---|------------------------------|--------------------------------------|--|--|--|
| Presenting health concern (attributable to environmental health): | | | | | |
| ☐ Gastroenteritis | ☐ Trachoma | | ☐ Respiratory conditions | | |
| ☐ Skin sores / impetigo | ☐ Conjunctivitis | | ☐ ARF / RHD | | |
| ☐ Scabies | ☐ Otitis media | | ☐ MRSA / Golden Staph | | |
| ☐ Injury / dog bite / open wound | ☐ Mosquito borne (arbovirus) | | ☐ Worms & other Parasitic infestations | | |
| ☐ Kidney disease (APSGN) | ☐ Other (please specify) | | | | |
| Additional information: | | | | | |
| | | | | | |
| Patient Name (and Guardian detail under 18 years): | | | | | |
| Patient / Guardian contact phone number: | | | | | |
| Address (Community name and house number): | | | | | |
| Primary house tenant contact details (if not the patient / guardian): | | | | | |
| Referring Clinic / Health Service contact details: | | EH Team: | | | |
| Name of Referring Clinician: | | Referring Clinician contact details: | | | |
| Patient / Guardian Signature: | ı | | Date: | | |
| (I consent to having an Environmental Health team member visit me) | | | | | |



ABORIGINAL ENVIRONMENTAL HEALTH REFERRAL FORM

Goldfields Aboriginal Environmental Health Services

| Bega Garnbirringu Health Service | City of Kalgoorlie-Boulder | | |
|---|--|--|--|
| Troy Hill, Environmental Health Coordinator Troy.hill@bega.org.au | Alain Baldomero, Environmental Health & Ranger Services Team Leader | | |
| 08 9022 5500 Communities: City of Kalgoorlie & Eastern and Northern Goldfields' regions, including Kurrawang | alain.baldomero@ckb.wa.gov.au 08 9021 9684 Communities: City of Kalgoorlie & Eastern and Northern Goldfields' regions, including Kurrawang | | |
| Paupiyala Tjarutja Aboriginal Corporation | Nganganawilli Aboriginal Health Service | | |
| Jon Lark, CEO | Richard Whittington, CEO | | |
| _ceo@spinifex.org.au | richard@nahs.org.au | | |
| 08 9037 1100 | 08 9981 8600 | | |
| Communities: Tjuntjuntjarra | Communities: Wiluna, Bondini, Kutkububba, Windidda | | |
| Ngaanyatjarra Health Service | | | |
| Anthony Murphy, Manager Public Health | | | |
| anthony.murphy@nghealth.org.au | | | |
| 08 8950 1759 | | | |
| Communities: all Ngaanyatjarra Lands | | | |
| communities | | | |

This document was prepared by:

Environmental Health Directorate Public and Aboriginal Health Division Department of Health of Western Australia PO Box 8172

Perth Business Centre WA 6849 Email: ehinfo@health.wa.gov.au Web: www.health.wa.gov.au

Ph: 08 9222 2000

Disclaimer

All information and content in this material is provided in good faith by the WA Department of Health and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents do not accept legal liability or responsibility for the material, or any consequences arising from its use.

Feedback

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