



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:
 - 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, and depending on your circumstances
 - 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.

Presenting health concern (attributable to environmental health):		
<input type="checkbox"/> Gastroenteritis	<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	<input type="checkbox"/> MRSA / Golden Staph
<input type="checkbox"/> Injury / dog bite / open wound	<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:		

Patient Name (<i>and Guardian details if under 18 years</i>):	
Patient / Guardian contact phone number:	
Address (<i>Community name and house number</i>):	
Primary house tenant contact details (<i>if not the patient / guardian</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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Pilbara Environmental Health Services

<p><u>Pilbara Meta Maya Regional Aboriginal Corporation</u></p> <p>EH Coordinator eh@metamaya.com.au 08 9172 5155</p> <p><i>Communities:</i> Port Hedland, South Hedland Yandeyarra, , Mirtunkurra, Gooda Binya, Irrungadji, Koombana, Punju Njamal, Jinparinya, Marta Marta, Tkalka Boorda, Warralong</p> <p>Secondary contact for: Jigalong, Kunawarritji, Punmu, Parnngurr (Cotton Creek)</p>	<p><u>Puntuturru Aboriginal Medical Service</u></p> <p>Chris Rusten, Senior EH Worker pams.sehw@puntuturru.com 0476 843 879</p> <p><i>Communities:</i> Kunawarritji, Jigalong, Newman, Parnngurr (Cotton Creek), Punmu</p>
<p><u>Mawarnkarra Health Service</u></p> <p>Environmental Health Team EHteam@mhs.org.au 08 9182 0800 & Mob 0459 924 648</p> <p><i>Communities:</i> Cheeditha, Five Mile, Karratha, Mingullatharndo, Ngurawaana, Roebourne, Wickham, Weymul, Bellary Springs, Bindi Bindi, Ngurrawaana, Onslow, Peedamulla (Jundaroo), Wakathuni, Wirrilmarra, Youngaleena</p>	

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

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Feedback

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