



NSW Refugee  
Health Service

## GP Clinics for Refugees & Asylum Seekers

The NSW Refugee Health Service offers free health assessments for people who are from a refugee or refugee-like background. A General Practitioner (GP) and a Registered Nurse run these clinics. A Medicare card is not required. Interpreters are booked if needed.

Attendance to these clinics is voluntary. Visits to the clinics will not in any way affect a person's residency status in Australia. All client information and results are kept confidential.

### *Services provided:*

- advice and management of health problems
- simple tests (e.g., blood test, X-rays) as required
- referrals to appropriate health care services

### *How to refer:*

- referral can be made by another service provider or
- individuals can refer themselves

### *Booking process:*

- Ring **8778-0770** and talk to one of our GP Clinic Nurses, or
- Fax or E-mail a GP Clinic Referral Form (See back for a form)
  - Fax Number: **8778-0790**
  - E-mail Address: [RHS.referrals@sswahs.nsw.gov.au](mailto:RHS.referrals@sswahs.nsw.gov.au)

### *What to bring to an appointment:*

- any medications being taken
- any medical records (including records from overseas)
- Medicare card (if a person has one)

### *Clinics schedule & Locations:*

- by appointment only

<b>AUBURN</b>	<b>BLACKTOWN</b>	<b>LIVERPOOL</b>
<b>Monday</b>	<b>Thursday</b>	<b>Monday</b>
Auburn Community Health Centre Auburn Hospital Norval Street Auburn	Blacktown Community Health Centre (Building 1) Corner Marcel Crescent & Blacktown Road Blacktown	NSW Refugee Health Service Suite 1, Level 3 157-161 George Street, Liverpool



NSW Refugee Health Service

# REFERRAL FORM GP Clinic

Date: \_\_\_/\_\_\_/\_\_\_

Phone : (02) 8778 0770

Fax : (02) 8778 0790

Email: [RHS.referrals@sswahs.nsw.gov.au](mailto:RHS.referrals@sswahs.nsw.gov.au)

website: [www.refugeehealth.org.au](http://www.refugeehealth.org.au)

Client's Family name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Email address: \_\_\_\_\_

C.O.B. \_\_\_\_\_ Languages: \_\_\_\_\_ Interpreter desired: Yes/No

Local Doctor (if any) & location: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Humanitarian Program  Asylum Seeker  Medicare Access YES  NO

Has the client ever attended a RHS clinic in the past? YES  NO

Is the client involved with any other agencies (i.e. settlement service)? \_\_\_\_\_

Referred By: \_\_\_\_\_ Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is the client aware of this referral Yes/No – if "no" please inform the client.

Health problems or issues of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all family members who will also attend this appointment:

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will the client/family be attending your service again? Yes/No