

Kimberley Region Environmental Health Referral Form (April 24)

Explain as below 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 (select by ticking below):

<input type="checkbox"/> Gastro symptoms	<input type="checkbox"/> Skin infection / Impetigo	<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"/> Pharyngitis/sore throat	<input type="checkbox"/> Other:
<input type="checkbox"/> Relevant treatment information (eg topical Lyclear; oral antibiotics etc):		

1. Patient's name: _____
2. Child's parent/guardian (FOR CHILD UNDER 16 YEARS): _____
3. Address: _____

4. Is this person the Primary Tenant? Y / N / DK If NO, who is? _____
5. Best contact details: _____
6. Clinic attended: _____
7. Referring Clinician's name: _____
8. Clinician's contact details: _____

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
 - Telling the clinic about actions taken and results

NAME: SIGNATURE: DATE:/...../.....

CHECK OUT YOUR LOCAL EH TEAM FROM THE OPTIONS BELOW:

<p>FOR EAST KIMBERLEY AREA</p> <p>EITHER</p> <p><i>Nirrumbuk Environmental Health and Services (contact details below)</i></p>  <p>OR</p> <p><i>Kimberley Population Health Unit</i> KPHU.envhealth@health.wa.gov.au Mob: 0497 188 496</p>  <p>Government of Western Australia WA Country Health Service</p>	<p>FOR FITZROY VALLEY</p> <p><i>Nindilingarri Cultural Health Services (NCHS)</i></p> <p>Please use referral form for Nindilingarri https://www.nindilingarri.org.au/environmental-health</p> 
<p>FOR BROOME REGION, KUTJUNGKA and EAST KIMBERLEY</p> <p><i>Nirrumbuk Environmental Health and Services</i></p> <p>EH@nirrumbuk.org.au TEL: 08 9135 5005</p> 	<p>FOR DERBY / WEST KIMBERLEY REGION <i>excluding Fitzroy Valley</i></p> <p><i>Aboriginal Environmental Health Unit Shire of Derby / West Kimberley</i> AEHU@sdwk.wa.gov.au TEL: 08 9191 0954</p> 
<p>FOR HALLS CREEK REGION</p> <p><i>Health & Regulatory Services Shire of Halls Creek</i> 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.