

Refugee Health Assessment

Version: May 2012

PATIENT	FIRST NAME	MIDDLE NAME	LAST NAME
	<input type="text"/>		
FOR CHILDREN	MOTHER/FATHER/GUARDIAN		
	FIRST NAME	MIDDLE NAME	LAST NAME
	<input type="text"/>		
	FIRST NAME	MIDDLE NAME	LAST NAME
	<input type="text"/>		
PHONE CONTACT	HOME	WORK	MOBILE
	<input type="text"/>		
ADDRESS	<input type="text"/>		
DATE OF BIRTH	<input type="text" value="/"/>	<input type="text" value="/"/>	FILE NUMBER
	<input type="text"/>		
CONSENT TO REFER GAINED?	<input type="text"/>		

Assessment completed by:

	GP	Nurse
NAME	<input type="text"/>	<input type="text"/>
PHONE	<input type="text"/>	<input type="text"/>
DATE	<input type="text" value="/"/>	<input type="text" value="/"/>

Note: This assessment does not need to be completed in a single consultation.

General information

Patient, case worker, and/or nurse/receptionist can complete this section before medical consultation.

The Doctors' Priority Line 1300 131 450 provides priority access to fee-free telephone interpreting services for doctors in private practice and their staff

SEX Male Female

AGE years (optional)

ENGLISH SKILLS Needs interpreter Yes No

Interpreter name/s

Language/s spoken (in order of preference)

Migration history

COUNTRY OF BIRTH ETHNICITY (if different)

COUNTRIES/PLACES OF TRANSIT

Countries Dates / /

Countries Dates / /

Countries Dates / /

Refugee Camp/s:

Detention Centre/s:

Community Detention: YES/ NO

ARRIVAL DATE IN AUSTRALIA / /

(Or date of visa grant for onshore
asylum seekers)

ELIGIBLE VISA CATEGORIES FOR TIMED ASSESSMENTS MBS ITEMS 701 (<30 mins), 703 (30 – 45 mins), 705 (45 – 60 mins), 707 (60+ mins)

200 Refugee

070 Refugee Pending Bridging

201 In Country Special Humanitarian

695 Return Pending

202 Global Special Humanitarian

786 Temporary Humanitarian Concern

203 Emergency Rescue

866 Permanent Protection Visa

204 Women at Risk

OTHER CATEGORY (Including: 837 Orphan Relative Visa or a spouse via)

Note: This health assessment is recommended for **all** immigrants from resource poor countries and all asylum seekers although some may be ineligible for item 701, 703, 705 or 707.

Social history

Current household composition, significant family members overseas. Consider asking about previous occupation, educational level and/or religion.

CURRENT OCCUPATION (many or none may apply)

Employment (Job)

English Study

Seeking Employment

Home Duties

Education & Training

Combination of all

Medical history

CURRENT MEDICAL PROBLEMS/PATIENT CONCERNS

Systems review: Consider fevers, confusion, severe pain, headaches, abdominal pain, bowel disturbance, breathing difficulties, muscles/joint pains, cough, haemoptysis, night sweats, injuries, weight loss, poor appetite, dark urine, growth in children.

PAST MEDICAL HISTORY

Consider malaria, TB and previous Rx, operations, injuries, hospitalisations, transfusions, circumcision, malnutrition.

PAST CONTACT WITH TUBERCULOSIS?

No Yes

Medical history (continued)

PRE-ARRIVAL AND/OR DETENTION FACILITY MEDICAL SUMMARY DOCUMENTS

Ask for the patient's health manifest if available. This contains information about pre-migration health screening/treatment and health undertaking.

Departure health check (health manifest)	Seen	Not seen	Not applicable
Visa medical record	Seen	Not seen	Not applicable
Detention health summary	Seen	Not seen	Not applicable
Does patient have a Health undertaking?	Yes	No	Unknown
If yes, note follow-up action needed:			

FAMILY MEDICAL HISTORY

CURRENT MEDICATIONS (For example, Vitamin D)

HERBAL/TRADITIONAL MEDICATIONS/OTHER SUPPLEMENTS

SMOKING/ALCOHOL/OTHER SUBSTANCES

ALLERGIES

IMMUNISATION CERTIFICATES/DOCUMENTS

No Australia Overseas (Specify country _____)

List vaccinations received previously:

(If no clear documentation or history of immunisation, restart vaccination schedule according to Australian Immunisation Handbook: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home Check vaccine antibodies if unsure of vaccine efficacy. See Part 2: Vaccination for Special Risk Groups – Section 2.3 Groups with Special Vaccination Requirements.)

NUTRITIONAL ASSESSMENT

What are some of the typical foods your families are eating in Australia? How often are you eating? Do you have any difficulties with your diet in Australia? (Consider fibre, fluids, red meat intake, children's milk intake, past experience of food scarcity and cultural practices)

Mental health history Use for adolescents and adults

SETTLEMENT STRESSES AND SUPPORT

How are you coping with the big changes of arriving in Australia? What other supports do you have in Australia? Who else is helping you? For example, case worker, sponsor.

Settlement support agency (if applicable)

Contact Details

AMES

Case Manager

Community Guide

Red Cross (Community Detention; Unaccompanied minors; post-detention BVE) (ASAS/CAS worker, if applicable)

Other:

PSYCHOLOGICAL SCREENING (Use for children, adolescents and adults)

If possible undertake over a series of appointments and without other family members present. Positive symptoms indicate the need for more detailed mental health assessment including suicide risk. Suggested question: 'What is your main current stress, worry, anxiety or nervousness?'

(Note: Review social history including education and English levels which are both predictors of mental stress)

Appetite (and weight change)

Energy levels

Daily activities

Memory/concentration

Mood/affect

Plans for the future

Sleep

Past mental health problems and treatment

TRAUMA HISTORY*

Consider asking about this only if appropriate and adequate time for response. Some useful questions:

Some people have had bad things happen to themselves and their families. Has anything happened to you or your family that could be affecting your health or the way you are feeling now?

Do you have any problem I can help you with today that is a result of something that happened in the past?

* Additional PTSD screening questions: www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_screen_disaster.html

Other history

FEMALE OBSTETRIC/GYNAECOLOGY HISTORY (If reproductive age)

If possible take this part of history without other family members present.

Pregnancies (gravidity, parity, childhood separations or deaths, ask if could be currently pregnant)

Currently breast feeding? No Yes

Family planning (Current needs?)

Other (Consider asking about menstrual history, female circumcision, previous PAPs)

MALE/FEMALE SEXUAL AND REPRODUCTIVE HEALTH (including adolescents)

Contraceptives (Current needs?)

Ask about STI risk factors and symptoms without other family members present.

PAEDIATRIC SCREENING

Development: Are there any concerns about this child's development?
(For example, how they learned to walk and talk?)

Behaviour: Are there any concerns about this child's behaviour?

Sleep: Are there any concerns about this child's sleep?

Education:

Is this child in education or childcare? No Yes

Current level:

Do you have any concerns about how this child is going at school?

Optional: Did this child receive schooling before coming to Australia? No Yes

Investigations

These tests are indicated for most refugees/immigrants from a resource-poor setting. This list has been adapted from the Australian Society for Infectious Diseases (ASID) Recommendations. **Informed consent is required.** Tick tests ordered and circle results.

TEST	RESULT	DATE	DETAILS
MALARIA			
<input type="checkbox"/> RAPID TEST (e.g. ICT) and/or	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	Results need to be checked the same day and the patient referred to the local ED if positive
<input type="checkbox"/> THICK & THIN FILMS (ASID recommends test all new arrivals)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
TUBERCULOSIS			
<input type="checkbox"/> MANTOUX TEST or	Diameter _____ mm	_____	If +ve, needs CXR and consider referral to ID physician
<input type="checkbox"/> INTERFERON GAMMA ASSAY eg. QuantiFERON Gold (Medicare rebate ONLY if immunocompromised, not suitable in children <5, use in older children contentious)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
HEPATITIS B and C*			
<input type="checkbox"/> sAg (surface antigen)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	If sAg +ve, or sAb -ve and cAb +ve, needs LFTs, full Hep A/B/C serology, HBV viral load, alpha-fetoprotein, INR, ultrasound. Check Hep C viral RNA, LFTs (if either abnormal, refer to specialist). See printable Hepatitis Interpretation Guide below table*.
<input type="checkbox"/> sAb (surface antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> cAb (core antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> Hepatitis C antibody*	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
PARASITE SEROLOGY			
<input type="checkbox"/> SCHISTOSOMA AB	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	If +ve check end urine and stool
<input type="checkbox"/> STRONGYLOIDES AB	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	If +ve check stool For treatment see Ab. guidelines
RUBELLA (If female < 45)			
<input type="checkbox"/> RUBELLA IgG antibody	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	If -ve, give MMR vaccine
NUTRITIONAL/VITAMIN DEFICIENCY			
<input type="checkbox"/> FBE	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	FBE: If eosinophilia, consider treating adults with Albendazole unless pregnant, or already received with pre-arrival treatment, and review parasite serology.
<input type="checkbox"/> UEsCreat, eGFR	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
<input type="checkbox"/> LFTs	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
If child or female: <input type="checkbox"/> FERRITIN	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	Treat iron and Vitamin deficiencies
If at risk: <input type="checkbox"/> VITAMIN D LEVEL	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
If child: <input type="checkbox"/> VITAMIN A LEVEL	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	
SEXUALLY TRANSMITTED INFECTIONS			
If Past History of sexual activity:			Pre-test and post-test counselling required for all and parental consent needed for children if concern over possible exposure. For treatment see Ab. guidelines If +ve HIV referral to ID physician
<input type="checkbox"/> CHLAMYDIA First pass urine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> GONORRHOEA First pass urine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> SYPHILIS SEROLOGY	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> HIV	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
(Note: ASID recommends HIV testing for all refugees)			
GASTROINTESTINAL			
<input type="checkbox"/> Stool OCP MC+S in all patients	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	For treatment see Ab. guidelines
<input type="checkbox"/> Faecal Antigen for <i>H. Pylori</i> (or Urease breath test if abdominal symptoms)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
CHRONIC DISEASE/CANCER SCREENING according to age/gender (For example, fasting chol/TGs/glucose, Pap Smear, mammography)			
GENITO-URINARY			
<input type="checkbox"/> MSU	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	See Chronic Kidney Disease Guide [^]
<input type="checkbox"/> eGFR/urine ACR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	

*For further Hepatitis interpretation visit: www.ashm.org.au/images/publications/patientfactsheets/hbv/decision_making_hbv.pdf

[^]Chronic Kidney Disease Management Guidelines: www.kidney.org.au/HealthProfessionals/CKDManagementinGeneralPractice/tabid/789/Default.aspx

Management

PROBLEM

PLAN

REFERRALS

	NAME	NUMBER
Audiology	<hr/>	<hr/>
Allied Health	<hr/>	<hr/>
Dental	<hr/>	<hr/>
Maternal Child Health	<hr/>	<hr/>
Mental Health	<hr/>	<hr/>
Midwife	<hr/>	<hr/>
Optometry	<hr/>	<hr/>
Obstetric/Gynae	<hr/>	<hr/>
Paediatric	<hr/>	<hr/>
Refugee Health Nurse	<hr/>	<hr/>
Settlement Supportt Agency	<hr/>	<hr/>
Specialist Medical	<hr/>	<hr/>
Surgery	<hr/>	<hr/>
Other		

GP MANAGEMENT PLAN REQUIRED +/- Team Care arrangement

GP MENTAL HEALTH CARE PLAN REQUIRED

PLANNED CATCH-UP IMMUNISATIONS (See Australian Immunisation Handbook catch-up schedule, ASID guidelines. Vaccine order forms available from: www.health.vic.gov.au/immunisation)

FOLLOW-UP ARRANGEMENTS (May require reminder phone call or case worker assistance to ensure attendance)

Secondary consultation and referral information

Refugee Health Fellows are based at the Victorian Infectious Diseases clinics at the Royal Melbourne Hospital and the Royal Children's Hospital. These Fellows can provide education, peer support, secondary consultation and referral assistance regarding refugee patients.

- Adult refugee health fellow – Royal Melbourne Hospital tel. 03 9342 7000
- Paediatric refugee health fellow – Royal Children's Hospital tel. 03 9345 5522

Refugee Health Nurses are based in community health centres in areas of high refugee settlement. Refugee Health Nurses are able to advise on refugee health matters. For up-to-date contact details visit the Refugee Health Nurse page on the Victorian Refugee Health Network website www.refugeehealthnetwork.org.au.

Resources

This tool is one of a suite of three resources developed by GPV and The Victorian Foundation for Survivors of Torture to support Australian GPs and nurses in carrying out refugee health assessments. A Medical Director template of this tool, along with other resources in the suite are available on the Victorian Refugee Health Network website www.refugeehealthnetwork.org.au.

The suite includes:

- Refugee Health Assessment Tool
- *Caring for Refugee Patients in General Practice – A desk-top guide*
- *Promoting Refugee Health: A Guide for doctors and other healthcare providers caring for people from refugee backgrounds*

Other useful resources:

- The Australasian Society for Infectious Disease (ASID) Treatment Protocols for the diagnosis, management and prevention of infections in recently arrived refugees (2008) www.asid.net.au/images/Documents/Guidelines/RefugeeGuidelines.pdf
- Royal Children's Hospital – Immigrant Health Service Catch-up Immunisation Schedule for Newly Arrived Refugees www.rch.org.au/immigranthealth/resources.cfm?doc_id=10813
- The Australian Immunisation Handbook 9th edition 2008 www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home

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Wording of the psychological screening questions proposed by Dr. Ida Kaplan and Dr. Astrid Dunsis (Victorian Foundation for Survivors of Torture, www.foundationhouse.org.au, tel. 03 9388 0022).

For more information on the tool contact: refugeehealth@foundationhouse.org.au.

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