# Refugee Health Assessment

**Patient**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
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**For Children** Mother/Father/Guardian

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<th>MIDDLE NAME</th>
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**Contact**

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<tr>
<th>HOME</th>
<th>WORK</th>
<th>MOBILE</th>
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**Address**

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**Date of Birth**

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<th>FILE NUMBER</th>
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Assessment completed by:

**GP**

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<tr>
<th>NAME</th>
<th>PHONE</th>
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**Nurse**

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<tr>
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<th>PHONE</th>
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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.*

**SEX**  
[ ] Male  [ ] Female

**AGE** years (optional)

**ENGLISH SKILLS** Needs interpreter  [ ] Yes  [ ] No

Interpreter name/s

Language/s spoken (in order of preference)

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**The Doctors’ Priority Line 1300 131 450 provides priority access to fee-free telephone interpreting services for doctors in private practice**

Migration history

**COUNTRY OF BIRTH**

**ETHNICITY (if different)**

**COUNTRIES/PLACES OF TRANSIT**

Countries:  
Dates: / / 

Countries:  
Dates: / / 

Countries:  
Dates: / / 

[ ] Refugee Camp/s  [ ] Detention Centre/s

**ARRIVAL DATE IN AUSTRALIA**  / /

[ ] Proof of eligible visa status for Item 714 see list below

**ELIGIBLE VISA CATEGORIES**

[ ] 200 Refugee  
[ ] 201 In Country Special Humanitarian  
[ ] 202 Global Special Humanitarian  
[ ] 203 Emergency Rescue  
[ ] 204 Women at Risk  
[ ] 447 Secondary Movement Offshore Entry Temporary  
[ ] 451 Secondary Movement Relocation Temporary  
[ ] 785 Temporary Protection Visa (TPV)  
[ ] 786 Temporary Humanitarian Concern  
[ ] 866 Permanent Protection Visa  
[ ] OTHER CATEGORY

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*Note: Health assessment is recommended for all immigrants from resource-poor countries and asylum-seekers although some may be ineligible for item 714 & 716.*
Social history

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

CURRENT OCCUPATION

☐ Employment (Job) ___________________________ ☐ Other ___________________________
☐ Seeking Employment ☐ English Study ☐ Education & Training ☐ Home Duties

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.
Medical history (continued)

PRE-DEPARTURE MEDICAL SCREENING

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

Pre-migration health screening  ☐ Yes  ☐ No  ☐ Unknown

Pre-migration health treatment  ☐ Yes  ☐ No  ☐ Unknown

If yes, note health treatment:

Health undertaking:  ☐ Yes  ☐ No  ☐ Unknown

If yes, note follow-up:

Check if patient required to follow-up an abnormal result prior to migration.

FAMILY MEDICAL HISTORY

____________________________________________________________

TB CONTACTS

☐ No  ☐ Yes

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 http://www9.health.gov.au/immhandbook. May check vaccine antibodies if unsure of vaccine efficacy. See Part 2 Vaccination for Special Risk Groups – Section 2.3)

NUTRITIONAL ASSESSMENT

What are some of the typical foods your family 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.

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<table>
<thead>
<tr>
<th>Agency involved</th>
<th>OFFICE</th>
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<table>
<thead>
<tr>
<th>Agency involved</th>
<th>MOBILE</th>
<th>EMAIL</th>
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**PSYCHOLOGICAL SCREENING**

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 or worry?’

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

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- [ ] Appetite (and weight change)
- [ ] Energy levels
- [ ] Daily activities
- [ ] Memory/concentration
- [ ] Sleep
- [ ] Mood/affect
- [ ] Plans for the future
- [ ] Past mental health problems and treatment

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**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?

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*Additional PTSD screening questions: [http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_screen_disaster.html](http://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 HEALTH (including adolescents)

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

PAEDIATRIC SCREENING (If child)

**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
Physical examination

ALL PATIENTS

Height [ ]  Weight [ ]  BMI [ ]  
BP [ ]  Temperature [ ]  BCG scar [ ]
(check arms, thighs, and shoulders)

CHILDREN/BABIES

Percentiles [ ]  Head circumference [ ]

SPECIFIC FINDINGS

Recommend examine for jaundice, pallor, dentition, ENT, eyes, hair, skin – (e.g. hypopigmentation), injuries, lymphadenopathy, thyroid, cardiovascular, respiratory, abdominal examination check for hepato-splenomegaly, urinalysis.

For children also consider signs of rickets (bony deformity to legs, splayed wrists, delayed dentition), for boys check testicular descent and hernias.
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.

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
<th>DATE</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALARI A</td>
<td>RAPID TEST (e.g. ICT) and/or</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td>THICK &amp; THIN FILMS (ASID recommends test all new arrivals. Malaria endemic areas include Africa, Pakistan, Burma)</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td>MANTOUX TEST</td>
<td>Diameter mm</td>
<td>mm</td>
</tr>
<tr>
<td></td>
<td>INTERFERON GAMMA ASSAY eg. Quantiferon gold (Medicare rebate if immuno-compromised)</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>HEPATITIS B and C</td>
<td>sAg (surface antigen)</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>sAb (surface antibody)</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>cAb (core antibody)</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C antibody*</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>PARASITE SEROLOGY</td>
<td>SCHISTOSOMA AB</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>STRONGYLOIDES AB</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>RUBELLA (If female &lt; 45)</td>
<td>RUBELLA IgG antibody</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>NUTRITIONAL/VITAMIN DEFICIENCY</td>
<td>FBE</td>
<td>Normal</td>
<td>Abnormal</td>
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<tr>
<td></td>
<td>LFTs</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td>If child or female: FERRITIN</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td>If dark skin/covered/ XS time indoors:</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td>VITAMIN D LEVEL</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td></td>
<td>If child: VITAMIN A LEVEL</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>SEXUALLY TRANSMITTED INFECTIONS</td>
<td>CHLAMYDIA First pass urine or swab for PCR</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>GONORRHOEA First pass urine or swab for PCR</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>SYphilis SEROLOGY</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>RPR/TPPA</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>GASTROINTESTINAL</td>
<td>Stool COP MC+S if symptomatic, persistent eosinophilia or risk group (for example, child)</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Urease breath test for H Pylori if epigastric symptoms</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>CHRONIC DISEASE/CANCER SCREENING</td>
<td>according to age/gender</td>
<td></td>
<td></td>
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<tr>
<td>GENITO-URINARY</td>
<td>MSU (if the urinalysis is abnormal)</td>
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*At risk groups for Hep C include transit through Egypt/other risk areas, or Hx of circumcision, operation
Management

REFERRALS (Tick those required)

☐ Surgical  
☐ Obstet/gynae  
☐ Paediatric  
☐ Midwife  
☐ Specialist Medical  
☐ Refugee Health Nurse  
☐ Mental Health  
☐ Dental  
☐ Allied health  
☐ Optometry  
☐ Audiology  
☐ Maternal Child Health Nurse  
☐ Settlement Support Agency  
☐ 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)

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

This tool is one of a suite of three resources developed by GPDV and VFST to support Australian GPs in carrying out refugee health assessments.

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

(http://www.foundationhouse.org.au)

Treatment protocols are due to be released by the Australian Society for Infectious Diseases in 2007
(http://www.asid.net.au/)


Royal Children’s Hospital – Immigrant Health Service
Catch-up Immunisation Schedule for Newly Arrived Refugees
(http://www.rch.org.au/immigranthealth/resources.cfm?doc_id=10813)

Acknowledgements

The refugee health assessment template was originally conceived by Dr. Joanne Gardiner (GP, Darebin CHC) and developed by the physicians at the Victorian Infectious Diseases Service, Dr. Beverley Biggs, tel. 8344 3257, www.mh.org.au/VIDS); Royal Children’s Hospital Immigrant Child Health Clinic (RCH tel. 9345 5522); Victorian Foundation for Survivors of Torture and General Practitioners in the Northern and Western Divisions of General Practice, Melbourne.

This document contains modifications of the original health assessment template which are based on a number of sources, as advised by the GPDV Refugee Health Assessment reference group comprised of Lenora Lippmann GPDV, Annette Dupont GPDV, Dr. Kate Walker GPDV, Associate Professor Beverley-Ann Biggs, Dr Joanne Gardiner, Dr I-Hao Cheng, Dr Georgia Paxton, Ms Marianne Eskander, Dr John Stanton

Changes to the wording of the psychological screening questions proposed by Ida Kaplan and Dr. Astrid Dunsis (Victorian Foundation for Survivors of Torture Inc. www.survivorsvic.org.au, tel. 9388 0022)

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