

Refugee Health Assessment

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

Assessment completed by:

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

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)

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

- | | |
|--|--|
| <input type="checkbox"/> 200 Refugee | <input type="checkbox"/> 451 Secondary Movement Relocation Temporary |
| <input type="checkbox"/> 201 In Country Special Humanitarian | <input type="checkbox"/> 785 Temporary Protection Visa (TPV) |
| <input type="checkbox"/> 202 Global Special Humanitarian | <input type="checkbox"/> 786 Temporary Humanitarian Concern |
| <input type="checkbox"/> 203 Emergency Rescue | <input type="checkbox"/> 866 Permanent Protection Visa |
| <input type="checkbox"/> 204 Women at Risk | |
| <input type="checkbox"/> 447 Secondary Movement Offshore Entry Temporary | |

OTHER CATEGORY

*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.

Agency involved	<input type="text"/>	<input type="text" value="OFFICE"/>
	<input type="text" value="MOBILE"/>	<input type="text" value="EMAIL"/>
Agency involved	<input type="text"/>	<input type="text" value="OFFICE"/>
	<input type="text" value="MOBILE"/>	<input type="text" value="EMAIL"/>

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)

- Appetite (and weight change)
- Energy levels
- Daily activities
- Memory/concentration
- Sleep
- Mood/affect
- Plans for the future
- 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?

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

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. Malaria endemic areas include Africa, Pakistan, Burma)	<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 if immuno-compromised)	<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 cAb +ve/sAg -ve or HepC Ab +ve needs further assessment
<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	_____	Re FBE: If eosinophilia, consider treating with albendazole unless pregnant, or already received with pre-departure treatment, and review parasite serology.
<input type="checkbox"/> LFTs	<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 Vit.D deficiencies
If dark skin/covered/ XS time indoors:			
<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	_____	Consider treating Vit.A deficient risk groups without testing
SEXUALLY TRANSMITTED INFECTIONS			
If Past Hx of sexual activity:			Pre-test and post-test counselling required for all and parental consent needed for children if concern over possible exposure.
<input type="checkbox"/> CHLAMYDIA First pass urine or swab for PCR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> GONORRHOEA First pass urine or swab for PCR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	For treatment see Ab. guidelines
<input type="checkbox"/> SYPHILIS SEROLOGY	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	
<input type="checkbox"/> RPR/TPPA	<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 COP MC+S if symptomatic, persistent eosinophilia or risk group (for example, child)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	_____	For treatment see Ab. guidelines
<input type="checkbox"/> Urease breath test for H Pylori if epigastric 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			
MSU (if the urinalysis is abnormal)		_____	

*At risk groups for Hep C include transit through Egypt/other risk areas, or Hx of circumcision, operation

Management

PROBLEM	PLAN

REFERRALS (Tick those required)

	NAME	NUMBER
<input type="checkbox"/> Surgical		
<input type="checkbox"/> Obstet/gynae		
<input type="checkbox"/> Paediatric		
<input type="checkbox"/> Midwife		
<input type="checkbox"/> Specialist Medical		
<input type="checkbox"/> Refugee Health Nurse		
<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Allied health		
<input type="checkbox"/> Optometry		
<input type="checkbox"/> Audiology		
<input type="checkbox"/> Maternal Child Health Nurse		
<input type="checkbox"/> Settlement Support Agency		
<input type="checkbox"/> 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/>)

The Australian Immunisation Handbook 8th edition 2003
(<http://www9.health.gov.au/immhandbook>)

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)

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