CLINIC SIHAT - CABRINI OUTREACH, SHEPPARTON

REFERRAL FORM

PRIMARY HEALTH CARE (GP/NURSE)



Referral Date:

REFERRER DETAILS								
Have you obtain	ed client c	onsen	t for this referral?	No				
Organisation:								
Name:					Role:			
Phone:		Fa	ex:		Email:			
CLIENT DETAILS	2							
)							
Surname:					First name:			
Address:								
Date of birth:			Male		Female	Other		
Contact phone:								
Country of birth:					Ethnicity:			
Year of arrival to A	Australia:		by boat		by plane			
Languages spoken:				Interp	reter required:	Yes	No	
Current visa type or note if no visa: (if applicable, please supply/attach copy)					Applied for F	Protection visa: Yes No		
Medicare:	Yes	No	Medicare Number:			Medicare Expiry Date:		
SRSS:	Yes	No	SRSS provider (if relevan	ıt):	Uniting	Life Without	Barriers	
Work rights:	Yes	No	Employment status:			Income:		
Support from any other agency:								
GENERAL PRACTITIONER DETAILS								
Does the client have a previous or current GP they have been attending? Yes No								
GP practice name	:							
Address:								
Phone:								



Please describe the current health issues experienced and their urgency below. Include current medications if known.

If the person is experiencing a medical emergency, please call 000 or present to any public hospital.

Service description

- Clinic Sihat provides access to a range of health services for people seeking asylum, newly arrived refugees, vulnerable temporary migrants and undocumented migrants in Shepparton who are experiencing financial hardship. These services include in-person nurse-led primary healthcare and assessments, immunisations and GP consultations.
- Clinic Sihat works in partnership with other asylum seeker agencies and where able, assists with referrals to community health and specialist services such as dental, optometry, allied health, infectious diseases and paediatrics.

Priority of access

People seeking asylum, refugees, and undocumented migrants are eligible for health care at Clinic Sihat, and priority is given to people who do not have a Medicare card.

Cost

All services provided at Clinic Sihat will be free to all clients.

- Medicare ineligible clients will receive free service
- Medicare eligible clients will be bulk-billed (clients will need to present their Medicare card)

Referral process

- Referrers may call (03) 5823 3200 to discuss referrals on clinic days
- Clinic Sihat staff will inform referrer of the acceptance of the referral and liaise with clients about their appointments
- For mental health referrals, please use the mental health referral form (ask us or download from our website)

Additional referral documentation

Please attach a copy of any relevant medical documentation such as detention health records, arrival health screening, immunisation records, discharge summaries or other health records.