Refugee Health Assessment

PATIENT
FIRST NAME  MIDDLE NAME  LAST NAME

FOR CHILDREN  MOTHER/FATHER/GUARDIAN
FIRST NAME  MIDDLE NAME  LAST NAME

CONTACT
FIRST NAME  MIDDLE NAME  LAST NAME
HOME  WORK  MOBILE

ADDRESS

DATE OF BIRTH  /  /  FILE NUMBER

Assessment completed by:

GP
NAME
PHONE
DATE  /  /

Nurse
NAME
PHONE
DATE  /  /

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

☐ 200 Refugee ☐ 451 Secondary Movement Relocation Temporary

☐ 201 In Country Special Humanitarian ☐ 785 Temporary Protection Visa (TPV)

☐ 202 Global Special Humanitarian ☐ 786 Temporary Humanitarian Concern

☐ 203 Emergency Rescue ☐ 866 Permanent Protection Visa

☐ 204 Women at Risk

☐ 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:
☐ Yes ☐ No ☐ Unknown

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  

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>MOBILE</th>
<th>EMAIL</th>
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<tbody>
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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)

☐ 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?

* Additional PTSD screening questions:  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

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>Temperature</td>
<td>BCG scar</td>
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</table>

(physical examination)

CHILDREN/BABIES

<table>
<thead>
<tr>
<th>Percentiles</th>
<th>Head circumference</th>
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</table>

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><strong>MALARIA</strong>&lt;br&gt;▢ Rapid Test (e.g. ICT) and/or&lt;br&gt;▢ Thick &amp; Thin Films (ASID recommends test all new arrivals. Malaria endemic areas include Africa, Pakistan, Burma)</td>
<td>□ Normal □ Abnormal</td>
<td></td>
<td>Results need to be checked the same day and the patient referred to the local ED if positive</td>
</tr>
<tr>
<td><strong>TUBERCULOSIS</strong>&lt;br&gt;▢ Mantoux Test or&lt;br&gt;▢ Interferon Gamma Assay eg. QuantiFERON gold (Medicare rebate if immuno-compromised)</td>
<td>Diameter □ mm</td>
<td></td>
<td>If +ve, needs CXR and consider referral to ID physician</td>
</tr>
<tr>
<td><strong>HEPATITIS B and C</strong>&lt;br&gt;▢ sAg (surface antigen)&lt;br&gt;▢ sAb (surface antibody)&lt;br&gt;▢ cAb (core antibody)&lt;br&gt;▢ Hepatitis C antibody*</td>
<td>□ Negative □ Positive</td>
<td></td>
<td>If sAg +ve or cAb +ve/sAg –ve or HepC Ab +ve needs further assessment</td>
</tr>
<tr>
<td><strong>PARASITE SEROLOGY</strong>&lt;br&gt;▢ Schistosoma AB&lt;br&gt;▢ Strongyloides AB</td>
<td>□ Negative □ Positive</td>
<td></td>
<td>If +ve check end urine and stool&lt;br&gt;If +ve check stool For treatment see Ab. guidelines</td>
</tr>
<tr>
<td><strong>RUBELLA</strong> (If female &lt; 45)&lt;br&gt;▢ RUBELLA IgG antibody</td>
<td>□ Negative □ Positive</td>
<td></td>
<td>If –ve, give MMR vaccine</td>
</tr>
<tr>
<td><strong>NUTRITIONAL/VITAMIN DEFICIENCY</strong>&lt;br&gt;▢ FBE&lt;br&gt;▢ LFTs</td>
<td>□ Normal □ Abnormal</td>
<td></td>
<td>Re FBE: If eosinophilia, consider treating with albendazole unless pregnant, or already received with pre-departure treatment, and review parasite serology.</td>
</tr>
<tr>
<td>If child or female: ▢ Ferritin&lt;br&gt;If dark skin/covered/ XS time indoors: ▢ Vitamin D Level&lt;br&gt;If child: ▢ Vitamin A Level</td>
<td>□ Normal □ Abnormal</td>
<td></td>
<td>Treat iron and Vit.D deficiencies&lt;br&gt;Consider treating Vit.A deficient risk groups without testing</td>
</tr>
<tr>
<td><strong>SEXUALLY TRANSMITTED INFECTIONS</strong>&lt;br&gt;If Past Hx of sexual activity:&lt;br&gt;▢ Chlamydia First pass urine or swab for PCR&lt;br&gt;▢ Gonorrhoea First pass urine or swab for PCR&lt;br&gt;▢ Syphilis Serology&lt;br&gt;▢ RPR/TPPA&lt;br&gt;▢ HIV</td>
<td>□ Negative □ Positive</td>
<td></td>
<td>Pre-test and post-test counselling required for all and parental consent needed for children if concern over possible exposure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For treatment see Ab. guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If +ve HIV referral to ID physician</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL</strong>&lt;br&gt;▢ Stool COP MC+S if symptomatic, persistent eosinophililia or risk group (for example, child)&lt;br&gt;▢ Urease breath test for H Pylori if epigastric symptoms</td>
<td>□ Negative □ Positive</td>
<td></td>
<td>For treatment see Ab. guidelines</td>
</tr>
<tr>
<td><strong>CHRONIC DISEASE/CANCER SCREENING</strong> (For example, fasting chol/TGs/glucose, PAP smear, mammography)</td>
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<tr>
<td><strong>GENITO-URINARY</strong>&lt;br&gt;▢ 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

PROBLEM

PLAN

REFERRALS (Tick those required)

☐ Surgical
☐ Obstet/gynaec
☐ 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 GPV and VFST to support Australian GPs in carrying out refugee health assessments.

The suite includes:

- **Refugee Health Assessment Tool** – (http://www.gpv.org.au)
  See home page Refugee Health Assessment Resources link

- **Caring for Refugee Patients in General Practice – A desk-top guide**
  – (http://www.foundationhouse.org.au) 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 Australasian Society for Infectious Diseases in 2008 (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

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www.survivorsvic.org.au, tel. 9388 0022)

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