The NSW Refugee Health Service offers free health assessments for people who are from a refugee or refugee-like background. A General Practitioner (GP) and a Registered Nurse run these clinics. A Medicare card is not required. Interpreters are booked if needed.

Attendance to these clinics is voluntary. Visits to the clinics will not in any way affect a person’s residency status in Australia. All client information and results are kept confidential.

**Services provided:**

- advice and management of health problems
- simple tests (e.g., blood test, X-rays) as required
- referrals to appropriate health care services

**How to refer:**

- referral can be made by another service provider or
- individuals can refer themselves

**Booking process:**

- Ring **8778-0770** and talk to one of our GP Clinic Nurses, or
- Fax or E-mail a GP Clinic Referral Form (See back for a form)
  - Fax Number: **8778-0790**
  - E-mail Address: RHS.referrals@sswhs.nsw.gov.au

**What to bring to an appointment:**

- any medications being taken
- any medical records (including records from overseas)
- Medicare card (if a person has one)

**Clinics schedule & Locations:**

- by appointment only

<table>
<thead>
<tr>
<th>AUBURN</th>
<th>BLACKTOWN</th>
<th>LIVERPOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Auburn Community Health Centre</td>
<td>Blacktown Community Health Centre (Building 1)</td>
<td>NSW Refugee Health Service</td>
</tr>
<tr>
<td>Auburn Hospital</td>
<td>Corner Marcel Crescent &amp; Blacktown Road</td>
<td>Suite 1, Level 3</td>
</tr>
<tr>
<td>Norval Street Auburn</td>
<td>Blacktown Road</td>
<td>157-161 George Street, Liverpool</td>
</tr>
<tr>
<td>Auburn</td>
<td>Blacktown</td>
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</tbody>
</table>

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**GP Clinics for Refugees & Asylum Seekers**

December 2014
Client's Family name: ____________________ Other Names: ________________________________

Address: __________________________________________________________________________

Phone no. __________________ Mobile no. __________________ DOB: __________ Sex: ______

Email address: ____________________________________________________________________

C.O.B. __________________ Languages: ______________________________ Interpreter desired: Yes/No

Local Doctor (if any) & location: __________________________________________________________________ Date of Arrival: ___________

Humanitarian Program ☐ Asylum Seeker ☐ Medicare Access YES ☐ NO ☐

Has the client ever attended a RHS clinic in the past? YES ☐ NO ☐

Is the client involved with any other agencies (i.e. settlement service)? __________________________

Referred By: __________________________ Organisation: _________________________________

Phone: ______________ Fax: ______________ Email: _________________________________

Is the client aware of this referral Yes/No – if “no” please inform the client.

Health problems or issues of concern: _________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please list all family members who will also attend this appointment:

1. Name: ______________________ D.O.B. _________ Issue: _______________________________

____________________________________________________________________________________

2. Name: ______________________ D.O.B. _________ Issue: _______________________________

____________________________________________________________________________________

3. Name: ______________________ D.O.B. _________ Issue: _______________________________

____________________________________________________________________________________

4. Name: ______________________ D.O.B. _________ Issue: _______________________________

____________________________________________________________________________________

5. Name: ______________________ D.O.B. _________ Issue: _______________________________

____________________________________________________________________________________

Will the client/family be attending your service again? Yes/No