

REFUGEE HEALTH ASSESSMENT

Version: 7 May 2007

Note: This assessment does not need to be completed in a single consultation

Assessment completed by:

GP	Nurse
Name: <<Doctor:Full Details>>	Name:
Date:	Date:

GENERAL INFORMATION

File Number: <<Patient Demographics:Record Number>>

Date: <<Miscellaneous:Date >>

Patient, case worker, and/or nurse/receptionist can complete this section before medical consultation

NAME: <<Patient Demographics:Full Name>>

DATE OF BIRTH: <<Patient Demographics:DOB (long)>>

AGE: <<Patient Demographics:Age>>

SEX: <<Patient Demographics:Sex>>

ENGLISH SKILLS

Needs Interpreter: <<Needs interpreter>>

Interpreter name/s: <<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

ARRIVAL DATE IN AUSTRALIA: <<Arrival Date in Australia>>

Proof of eligible visa status for item 714

ELIGIBLE VISA CATEGORIES:
<<Eligible Visa Categories>>

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.*

MIGRATION HISTORY

COUNTRY OF BIRTH: <<Country of Birth>> **ETHNICITY:** *(if different)* <<Ethnicity (if different)>>

COUNTRIES / PLACES OF TRANSIT:

Countries

Dates

Refugee Camp/s
(Highlight checkbox and type x)

Detention Centre/s

SOCIAL HISTORY

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

<<Clinical Details:Social History>>

CURRENT OCCUPATION:

DETAILS

<<Current Occupation>>

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

<<Clinical Details:History List>>

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:

<<Clinical Details:Family History>>

TB CONTACTS: No Yes

CURRENT MEDICATIONS: *E.g. Vitamin D*

<<Clinical Details:Medication List>>

HERBAL/TRADITIONAL MEDICATIONS /OTHER SUPPLEMENTS:

SMOKING:

<<Clinical Details:Smoking>>

ALCOHOL:

<<Clinical Details:Alcohol>>

OTHER SUBSTANCES:

ALLERGIES:

<<Clinical Details: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. May check vaccine antibodies if unsure of vaccine efficacy.)

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)

(Type here)

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? Eg case worker, sponsor.

NAMES OF AGENCIES INVOLVED	CONTACT DETAILS	
		Office
	Mobile	
	Email	
	Office	
	Mobile	
	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 ¹

(Additional PTSD screening questions:http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_screen_disaster.html)

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?*

¹ Additional PTSD screening questions: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_screen_disaster.html

IF REPRODUCTIVE AGE

FEMALE OBSTETRIC / GYNAECOLOGY HISTORY:

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*)

<<Clinical Details:Past Obstetric History>>

Other details:

Currently breast feeding? Yes No

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.

IF CHILD-PAEDIATRIC SCREENING

- **Development** *Are there any concerns about the patients' development? (E.g. how they learned to walk and talk?)*
- **Behaviour** *Are there any concerns about the patients' behaviour?*
- **Sleep** *Are there any concerns about the patients' sleep?*

EDUCATION

- *Is your child in education or childcare?*
Education: Yes No
Current level:
- *Do you have any concerns about how your child is going at school?*
- *Optional: Did your child receive schooling before coming to Australia?* Yes No

PHYSICAL EXAMINATION

File Number: <<Patient Demographics:Record Number>>

Date: <<Miscellaneous:Date >>

ALL PATIENTS

Height:
<<Clinical Details:Measurements>>

Weight:
<<Clinical Details:Measurements>>

BMI:

Temperature:
<<Clinical Details:Measurements>>

CHILDREN/BABIES

Percentiles:	Head circumference:
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SPECIFIC FINDINGS

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

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

(Type here)

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 indicate results.

TEST	RESULT		DATE	DETAILS
MALARIA <ul style="list-style-type: none"> RAPID TEST (e.g. ICT) and/or THICK & THIN FILMS (ASID recommends test all new arrivals. Malaria endemic areas include Africa, Pakistan, Burma) 	Normal Normal	Abnormal Abnormal		Results need to be checked the same day and the patient referred to the local ED if positive
TUBERCULOSIS <ul style="list-style-type: none"> MANTOUX TEST or 	Diameter mm			If +ve, needs CXR and refer Infectious Diseases for review and consideration of treatment
<ul style="list-style-type: none"> INTERFERON GAMMA ASSAY eg. QuantiFERON gold (Medicare rebate if immuno-compromised) 	Negative	Positive		
HEPATITIS B and C <ul style="list-style-type: none"> sAg (surface antigen) sAb (surface antibody) cAb (core antibody) Hepatitis C antibody 	Negative Negative Negative	Positive Positive Positive		If s Ag +ve or cAb+ve/sAb-ve needs further assessment At risk groups for Hep C include transit through Egypt/other risk areas, or Hx of circumcision, operation
PARASITE SEROLOGY <ul style="list-style-type: none"> SCHISTOSOMA AB STRONGYLOIDES AB 	Negative Negative	Positive Positive		If +ve check end urine and stool If +ve check stool and see antibiotic guidelines
RUBELLA (If female < 45) <ul style="list-style-type: none"> RUBELLA IgG antibody 	Negative	Positive		If -ve, give MMR vaccine
NUTRITIONAL/VITAMIN DEFICIENCY <ul style="list-style-type: none"> FBE LFTs <p>If child or female</p> <ul style="list-style-type: none"> FERRITIN <p>If dark skin/covered/ XS time indoors</p> <ul style="list-style-type: none"> VITAMIN D LEVEL <p>If child</p> <ul style="list-style-type: none"> VITAMIN A LEVEL 	Normal Normal	Abnormal Abnormal		If eosinophilia, consider treating with albendazole unless pregnant, or already received with pre-departure treatment, and review parasite serology. Treat iron and Vit.D deficiencies Consider treating risk groups without testing
SEXUALLY TRANSMITTED INFECTIONS <p>If Past Hx of sexual activity</p> <ul style="list-style-type: none"> CHLAMYDIA First pass urine or swab for PCR GONORRHOEA First pass urine or swab for PCR SYPHILIS SEROLOGY RPR/TPPA HIV <p>(Note: ASID recommends HIV testing for all refugees)</p>	Negative Negative Negative Negative	Positive Positive Positive Positive		Pre-test and post-test counselling required for all and parental consent needed for children if concern over possible exposure. Treatment protocols: see antibiotic guidelines. If +ve HIV ID referral
GASTROINTESTINAL <ul style="list-style-type: none"> Stool COP MC+S if symptomatic, persistent eosinophillia or risk group eg child Urease breath test for H Pylori if epigastric symptoms 	Negative	Positive		See antibiotic guidelines for treatment.
CHRONIC DISEASE / CANCER SCREENING according to age/gender Eg fasting chol/TGs/glucose, PAP smear, mammography				
GENITO-URINARY MSU (if the urinalysis is abnormal)				

INVESTIGATIONS

<<Summary:Investigation Results (Selected)>>

MANAGEMENT

Problem (add extra rows if necessary: Table > Insert > Row Below)	Plan

REFERRALS: Indicate those required	
	Name
<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	

<input type="checkbox"/> GP management Plan Required +/- Team Care Arrangement
<input type="checkbox"/> GP Mental Health Care Plan Required
<input type="checkbox"/> Planned Catch-up immunisations: <i>(See Australian Immunisation Handbook catch-up schedule, ASID guidelines)</i> (Type here)
<input type="checkbox"/> Follow up arrangements <i>May require reminder phone call or case worker assistance to ensure attendance)</i> (Type here)

NOTE

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 (links forthcoming):²

1. Refugee Health Assessment Tool
2. Desktop Guide to Caring for Refugee Patients in General Practice
3. Promoting Refugee Health: A Handbook for doctors and other healthcare providers caring for people from refugee backgrounds

ACKNOWLEDGEMENTS:

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This document contains modifications of the original health assessment template which are based on a number of sources, including but not limited to:

- GPDV Refugee Health Assessment reference group members (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)
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NOTES:

- Explanatory notes will be included in the update of VFST Promoting Refugee Health Handbook and Desktop Guide
- Treatment protocols are due to be released by the Australian Society for Infectious Diseases in 2007(<http://www.racp.edu.au/asid/>)
- DHS immunization catch-up schedule, Australian Immunisation Handbook (<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook03>)

Please contact Annette Dupont, Refugee Health Project Consultant at GPDV, with any enquiries in relation to this health assessment tool on (03) 9341 5200 or a.dupont@gpdv.com.au

THANK YOU

² Links will be available on Foundation House website <http://www.foundationhouse.org.au>