

## Kimberley Region Environmental Health Referral Form

(May 2023)

*Explain as below to patient / parent / carer:*

- *The condition you have can sometimes be linked back to the home or community environment.*
- *Environmental health knowledge can help you prevent this type of sickness.*
- *If you agree, we can connect you with the local Environmental Health (EH) team, who will work with you to stop this kind of sickness in your home.*
- *This service is voluntary. When you sign this form, the Clinic will send it to the EH team who will visit you at your home.*

**Presenting health concern** (select by ticking below):

<input type="checkbox"/> Gastro symptoms	<input type="checkbox"/> Skin infection / Impetigo	<input type="checkbox"/> ARF
<input type="checkbox"/> Worms	<input type="checkbox"/> Scabies	<input type="checkbox"/> RHD
<input type="checkbox"/> Arboviruses	<input type="checkbox"/> Respiratory conditions	<input type="checkbox"/> APSGN
<input type="checkbox"/> Injury (eg dog bite)	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Trachoma
<input type="checkbox"/> Dialysis home visit	<input type="checkbox"/> Pharyngitis/sore throat	<input type="checkbox"/> Other:
<input type="checkbox"/> <b>Relevant treatment information</b> (e.g., topical Lyclear; oral antibiotics etc.):		

1. Patient's name: \_\_\_\_\_
2. Child's parent/guardian (FOR CHILD UNDER 16 YEARS): \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Is this person the Primary Tenant? Y / N / Don't know    If NO, who is? \_\_\_\_\_
5. Best contact details: \_\_\_\_\_
6. Clinic attended: \_\_\_\_\_
7. Referring Clinician's name: \_\_\_\_\_
8. Clinician's contact details: \_\_\_\_\_

### PATIENT CONSENT / PARENT OR CARER CONSENT FOR A CHILD UNDER 18 YEARS

- I agree that information about the type of sickness discussed today can be shared with the EH team to help them prepare information and support for me and my family.
- The EH team visit to my home may include:
  - Talking about the environment and ways that sickness can spread
  - Providing information on how to stop sickness
  - Checking the house hardware is working well
  - Connecting with other services that may support my family's health
  - Telling the clinic about actions taken and results

NAME: ..... SIGNATURE: ..... DATE: ...../...../.....

**CHECK OUT YOUR LOCAL EH TEAM FROM THE OPTIONS BELOW:**

<p align="center"><b>FOR EAST KIMBERLEY AREA</b></p> <p align="center"><i>Nirrumbuk Environmental Health Services (contacts below)</i></p> <p align="center"><i>and/or Kimberley Population Health Unit</i></p> <p align="center"><a href="mailto:KPHU.envhealth@health.wa.gov.au">KPHU.envhealth@health.wa.gov.au</a></p> <p align="center">Mob: 0497 188 496</p> <div align="center">  <p>Government of Western Australia WA Country Health Service</p> </div>	<p align="center"><b>FOR FITZROY VALLEY</b></p> <p align="center"><i>Nindilingarri Cultural Health Services</i></p> <p>Please use referral form available from KPHU or Nindilingarri <a href="https://www.nindilingarri.org.au/environmental-health">https://www.nindilingarri.org.au/environmental-health</a></p> <div align="center">  </div>
<p align="center"><b>FOR BROOME REGION, KUTJUNGKA and EAST KIMBERLEY</b></p> <p align="center"><i>Nirrumbuk Environmental Health and Services</i></p> <p align="center">Chicky Clements / Christine Hoy <a href="mailto:EH@nirrumbuk.org.au">EH@nirrumbuk.org.au</a> TEL: 08 9135 5005</p> <div align="center">  </div>	<p align="center"><b>FOR DERBY / WEST KIMBERLEY REGION</b> <i>excluding Fitzroy Valley</i></p> <p align="center"><i>Aboriginal Environmental Health Unit Shire of Derby / West Kimberley</i></p> <p align="center">Mark Chadwick / Isaac Buckle <a href="mailto:AEHU@sdwk.wa.gov.au">AEHU@sdwk.wa.gov.au</a> TEL: 08 9191 0954</p> <div align="center">  <p><b>Shire of Derby/ West Kimberley</b></p> </div>
<p align="center"><b>FOR HALLS CREEK REGION</b></p> <p align="center"><i>Health &amp; Regulatory Services Shire of Halls Creek</i></p> <p align="center">Musa Mono / Edel Queen <a href="mailto:dhrs@hcshire.wa.gov.au">dhrs@hcshire.wa.gov.au</a> Phone: 08 9168 6007</p> <div align="center">  </div>	

If you do not receive confirmation by email of receipt of this referral from the respective EH team within three days of your referral, please contact directly by phone.