

REFUGEE HEALTH ASSESSMENT



Women in Kandahar: *Photo courtesy of Lisa Natoli*

GENERAL INFORMATION

FILE NUMBER:

DATE:

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

NAME: *(first, middle, last)*

DATE OF BIRTH: *(day, month, year)*/...../.....

AGE: *(this year)*years

GENDER: Male Female

COUNTRY OF ORIGIN:

ARRIVAL DATE IN AUSTRALIA:/...../.....

MIGRATION CATEGORY: General migration Refugee TPV
 Other

OTHER COUNTRIES/PLACES LIVED IN:	Place:	Date:
<i>e.g. refugee camp, detention centre</i>
.....
.....

LANGUAGES SPOKEN:

ENGLISH SKILLS: Good Fair Poor

EDUCATIONAL BACKGROUND: None 0 to 6 years 7 to 12 years
 More than 12 years

FAMILY SITUATION:

CURRENT HOUSEHOLD COMPOSITION: Partner Child(ren) Parents Sibling(s)
 Other(s)

CURRENT OCCUPATION:
e.g. employment, study, home duties

PRE-MIGRATION HEALTH SCREENING: Yes No Unknown/not sure

IMMUNISATION CERTIFICATES/DOCUMENTS: Yes No
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.....
.....

HEALTH UNDERTAKING: Yes No Unknown/not sure
Patient required to follow up an abnormal result or finding prior to migration; will usually have documentation of this
.....
.....

GENERAL INFORMATION

FILE NUMBER:

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OTHER AGENCIES INVOLVED: *Name and contact details if available*

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CASE WORKER:
Name and Agency

NOTES:

MEDICAL HISTORY

FILE NUMBER:

DATE:

CURRENT MEDICAL PROBLEMS/PATIENT CONCERNS: *Acute symptoms at time of presentation - fever/rigors/chills/confusion/drowsiness/severe headache/severe pain/difficulty breathing/marked lethargy/vomiting/rash and diarrhoea suggest acute illness and may require referral to a public hospital emergency department. **If an infectious cause is suspected, notify the on-call infectious diseases physician.*

PAST MEDICAL HISTORY: *Consider malaria, TB, operations, injuries, pregnancies/births; etc*

FAMILY HISTORY:

OBSTETRIC/GYNAECOLOGY HISTORY:

MEDICATIONS:

SMOKING/ALCOHOL/OTHER SUBSTANCES:

ALLERGIES:

IMMUNISATIONS: *see "Catch-up Schedule", Australian Immunisation Handbook*

PHYSICAL EXAMINATION

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Check for confusion, drowsiness, fever - if present, emergency referral - lymphadenopathy, hepatosplenomegaly, limb swelling, jaundice, pallor, rash, lung consolidation, pleural effusion.

HEIGHT: (CM) WEIGHT: (KG) BMI: [wt(kg/ ht² (m))]

HEAD CIRCUMFERENCE: (CM) TEMP:
Babies and children

RESP. RATE: PULSE RATE: BP:

URINALYSIS: NEGATIVE POSITIVE ➤

SPECIFIC PROBLEMS/FINDINGS: *include ENT (including dentition), skin, CVS, respiratory, abdominal, musculoskeletal, genito urinary examination*

CHILDREN: *Comment on development*

WOMEN: *If appropriate/later visit*

BREAST EXAM

PAP SMEAR

BIMANUAL EXAMINATION

I N V E S T I G A T I O N S

FILE NUMBER: _____

DATE: _____

ADULT INVESTIGATIONS – tick tests ordered and circle results

These tests are indicated for most refugees/immigrants from a resource-poor setting:

TEST	RESULT		DETAILS
MALARIA <i>(for persons from area with a high prevalence e.g. Liberia)</i> <input type="checkbox"/> RAPID TEST <i>(e.g. ICT)</i> <i>and/or</i> <input type="checkbox"/> THICK & THIN FILMS	Normal	Abnormal	**Results need to be checked the same day and the patient contacted urgently if positive.
TUBERCULOSIS <input type="checkbox"/> MANTOUX TEST <i>(if under 35)</i> <i>or</i> <input type="checkbox"/> QUANTIFERON GOLD	Normal	Abnormal	
HEPATITIS B AND C <input type="checkbox"/> sAg <i>(surface antigen)</i> <input type="checkbox"/> sAb <i>(surface antibody)</i> <input type="checkbox"/> cAb <i>(core antibody)</i> <input type="checkbox"/> Hepatitis C antibody	Negative	Positive	
SEROLOGY <input type="checkbox"/> MEASLES IGG <input type="checkbox"/> RUBELLA IGG <i>(up to age 20)</i> <input type="checkbox"/> SCHISTOSOMIA <input type="checkbox"/> STRONGYLOIDES	Negative	Positive	
<input type="checkbox"/> FBE <input type="checkbox"/> UESC <input type="checkbox"/> LFTs	Normal	Abnormal	
<input type="checkbox"/> VITAMIN D DEFICIENCY	Normal	Abnormal	
<input type="checkbox"/> FAECAL SAMPLES <i>(for ova/cysts/parasites)</i>	Normal	Abnormal	
<input type="checkbox"/> FERRITIN <i>(women should have iron studies as they are often iron deficient and may be anaemic)</i>	Normal	Abnormal	
SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/> HIV <i>(pre-test and post-test counseling required)</i> SYPHILIS SEROLOGY <input type="checkbox"/> RPR/VDRL <input type="checkbox"/> FTA <input type="checkbox"/> TPHA <input type="checkbox"/> CHLAMYDIA <i>First pass urine for PCR</i> <input type="checkbox"/> GONORRHOEA <i>First pass urine for PCR</i>	Negative	Positive	

*Second-line – consider fasting chol/TGs/glucose, PAP smear, mammography, TSH, ECG, MSU, Entamoeba histolytica serology etc as determined by age, gender, history and examination.

I N V E S T I G A T I O N S

FILE NUMBER:

DATE:

CHILDREN INVESTIGATIONS – tick tests ordered and circle results

TEST	RESULT		DETAILS
MALARIA <ul style="list-style-type: none"> • <i>Thick and thin blood films urgently if child febrile and sick, and consider immediate referral to Royal Children's Hospital.</i> • <i>Asymptomatic children from high risk countries e.g. Liberia, should also be screened.</i> <input type="checkbox"/> RAPID TEST (e.g. ICT) <i>and/or</i> <input type="checkbox"/> THICK & THIN FILMS	Normal	Abnormal	<i>**Results need to be checked the same day and patient contacted urgently if positive.</i>
	Normal	Abnormal	
TUBERCULOSIS <input type="checkbox"/> MANTOUX TEST	Normal	Abnormal	
HEPATITIS B <input type="checkbox"/> sAg (surface antigen) <input type="checkbox"/> sAb (surface antigen) <input type="checkbox"/> cAb (core antigen)	Negative	Positive	
	Negative	Positive	
	Negative	Positive	
SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/> HIV <i>if concern over a possible exposure (counseling and parental consent required)</i>	Negative	Positive	
SEROLOGY <input type="checkbox"/> SCHISTOSOMIA <input type="checkbox"/> STRONGYLOIDES	Negative	Positive	
	Negative	Positive	
IRON STUDIES <input type="checkbox"/> FBE <input type="checkbox"/> FERRITIN	Normal	Abnormal	
	Normal	Abnormal	
VITAMIN DEFICIENCIES <input type="checkbox"/> VITAMIN A <input type="checkbox"/> VITAMIN D	Normal	Abnormal	
	Normal	Abnormal	
URINE AND FAECAL SPECIMENS <input type="checkbox"/> MSU <input type="checkbox"/> FAECAL SAMPLE (for ova/cysts/parasites)	Normal	Abnormal	
	Normal	Abnormal	

REFUGEE HEALTH ASSESSMENT EXPLANATORY NOTES

When seeing a newly arrived refugee client, it is important, where possible, to book an *onsite interpreter of appropriate language (and gender, for women)* and to allow at least 45 minutes per client. The assessment may be carried out over several consultations.

Be aware that cultural and individual understandings of the role of doctors and health care professionals, medical investigation, management and follow-up may vary in crucial ways from the Western model. Your client's case managers and in some cases, interpreters, may provide assistance with this.

Most newly arrived refugees, particularly those from war zones and refugee camps, will have had **minimal pre-arrival health screening**. In most cases they will have had a chest x-ray and HIV test if over 15, height and weight, and urinalysis. Currently most refugees do not undergo comprehensive health assessments. They may suffer from diseases that take several years to fully emerge and in the process cause much physical suffering, illness, and even death to the patient. Hence the need for a careful and empathetic history, thorough examination, and consideration of the recommended investigations.

The case managers have special training in the physical and emotional problems of refugee patients. Most are an excellent resource, are keen to assist and be involved in their clients' care and are happy to arrange many of the required follow up appointments.

Please bulk bill this patient, and minimize out of pocket cost when referring.

The VFST-produced *Desktop Guide to Refugee Health* is a useful resource in directing your clinical assessment and potential investigations. This can be found online at <http://www.survivorsvic.org.au/Publications> and downloaded free of charge.

Many women have been sexually assaulted or experienced female genital mutilation. Gynaecological examination must be explained and conducted sensitively. Gynaecologists and other specialists must be made aware of this during referral.

General Practitioners are their patients' most effective advocates.

Some useful options for referral:

- The Melbourne Sexual Health Centre
- Victorian Infectious Diseases Service
- Royal Children's Immigrant Child Health Clinic
- Family and Reproductive Rights Education Program

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