



ABORIGINAL ENVIRONMENTAL HEALTH REFERRAL FORM

Explanation for the Patient / Guardian:

- The medical condition (illness) you have is preventable and may be linked to the environment in or around your home.
- With your permission, the local EH team can visit you at home to:
 - talk to you about the home environment and how it can cause illness,
 - visit your home to identify any environmental health related issues that are contributing to you being sick,
 - help you overcome or minimise those issues, and depending on your circumstances
 - fix permitted basic or emergency plumbing issues or refer to your housing provider other house maintenance issues.
- This service is free and depending on your circumstances and what the issue(s) is/are, the local environmental health team may offer to visit you in your home several times to help you.

| Presenting health concern (attributable to environmental health): | | |
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| <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Trachoma | <input type="checkbox"/> Respiratory conditions |
| <input type="checkbox"/> Skin sores / impetigo | <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> ARF / RHD |
| <input type="checkbox"/> Scabies | <input type="checkbox"/> Otitis media | <input type="checkbox"/> MRSA / Golden Staph |
| <input type="checkbox"/> Injury / dog bite / open wound | <input type="checkbox"/> Mosquito borne (arbovirus) | <input type="checkbox"/> Worms & other Parasitic infestations |
| <input type="checkbox"/> Kidney disease (APSGN) | <input type="checkbox"/> Other (<i>please specify</i>) | |
| Additional information: | | |

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|---|--|
| Patient Name (<i>and Guardian details if under 18 years</i>): | |
| Patient / Guardian contact phone number: | |
| Address (<i>Community name and house number</i>): | |
| Primary house tenant contact details (<i>if not the patient / guardian</i>): | |

| | |
|---|---|
| Referring Clinic / Health Service contact details: | EH Team: |
| Name of Referring Clinician: | Referring Clinician contact details: |
| Patient / Guardian Signature: <i>(I consent to having an Environmental Health team member visit me)</i> | Date: |



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Goldfields Aboriginal Environmental Health Services

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| <p><u>Bega Garnbirringu Health Service</u></p> <p>Troy Hill, Environmental Health Coordinator Troy.hill@bega.org.au 08 9022 5500</p> <p><i>Communities:</i> City of Kalgoorlie & Eastern and Northern Goldfields' regions, including Kurrawang</p> | <p><u>City of Kalgoorlie-Boulder</u></p> <p>Alain Baldomero, Environmental Health & Ranger Services Team Leader alain.baldomero@ckb.wa.gov.au 08 9021 9684</p> <p><i>Communities:</i> City of Kalgoorlie & Eastern and Northern Goldfields' regions, including Kurrawang</p> |
| <p><u>Paupiyala Tjarutja Aboriginal Corporation</u></p> <p>Moray Ralph, CEO ceo@spinifex.org.au 08 9037 1100</p> <p><i>Communities:</i> Tjuntjuntjarra</p> | <p><u>Nganganawilli Aboriginal Health Service</u></p> <p>Karen Court, Manager Policy and Compliance karen@nahs.org.au 08 9981 8600</p> <p><i>Communities:</i> Wiluna, Bondini, Kutkububba, Windidda</p> |
| <p><u>Ngaanyatjarra Health Service</u></p> <p>Anthony Murphy, Manager Public Health amurphy@nghealth.org.au 08 8950 1759</p> <p><i>Communities:</i> all Ngaanyatjarra Lands communities</p> | |

This document was prepared by:

Environmental Health Directorate
Public and Aboriginal Health Division
Department of Health of Western Australia
PO Box 8172
Perth Business Centre WA 6849
Email: ehinfo@health.wa.gov.au
Web: www.health.wa.gov.au
Ph: 08 9222 2000

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Feedback

Any feedback related to this document should be emailed to ehinfo@health.wa.gov.au