



## 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,
  - fix any required house repairs while they are there or help you by referring any house maintenance.
- 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.

**NB: Email Completed Referral form to your local Aboriginal Environmental Health Service (if known) or to [AboriginalEnvironmentalHealthWA@health.wa.gov.au](mailto:AboriginalEnvironmentalHealthWA@health.wa.gov.au)**

<b>Presenting health concern (attributable to environmental health):</b>		
<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:		

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

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



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**Disclaimer**

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**Feedback**

Any feedback related to this document should be emailed to [ehinfo@health.wa.gov.au](mailto:ehinfo@health.wa.gov.au)