

REFUGEE HEALTH ASSESSMENT TEMPLATE 2018

ABOUT THIS TEMPLATE

This template is informed by the [Recommendations for comprehensive post-arrival health assessment for people of refugee-like backgrounds](#) (ASID/RHeNA, 2016). It can be found on the 'Refugee health assessment' section of the Australian Refugee Health Practice Guide website (Foundation House, 2018).

WHO IS IT FOR?

Health practitioners conducting assessments with children, adolescents and adults from refugee backgrounds, including people seeking asylum. For children and adolescents, history may be taken from a parent/carer where appropriate.

WHEN SHOULD THIS TEMPLATE BE USED?

The refugee health assessment should ideally be completed within one month of arrival. The 'Health assessment for refugees and other humanitarian entrants' is funded up to 1 year post arrival or eligible visa grant date through the Medicare Benefits Schedule (MBS) (Items 701, 703, 705 and 707). For eligible visas see [MBS billing and visa requirements](#).

CONSIDER THE FOLLOWING

The refugee health assessment can be completed over several appointments. Take a gradual approach, aiming to build rapport. It is important to explain the concepts of health assessment, screening and disease prevention.

Families need to understand the implications of health screening and give informed consent. This means explaining all tests, the conditions being tested, the meaning of a positive test, and the next step in management.

For sensitive issues such as sexual health, women's health and mental health consider: timing, offering individual appointments with same sex clinicians and providing a rationale for asking potentially sensitive questions.

THE TEMPLATE AT A GLANCE

Assessing the need for an interpreter prior to an appointment is important. Family members should not be relied on to interpret. Expect that most newly arrived people will require a professional, credentialed interpreter for medical appointments and that they may have preferences regarding the gender and ethnic/cultural background of the interpreter. For practical support see [Communication and Interpreters](#).

Understanding the effects of trauma on patients is an important part of a refugee health assessment. Health practitioners may experience compassion fatigue. See the [RACGP White Book - Clinician support and self-care](#) for practical advice about managing vicarious trauma.

WHERE CAN RESOURCES BE FOUND?

Hyperlinks to key resources are embedded throughout this template in bold text, and some sections headings also link to their corresponding sections of the Australian Refugee Health Practice Guide (for example chronic non-communicable diseases and women's health) via this icon: . Practice tips are in blue boxes.

THE TEMPLATE AT A GLANCE

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|------|---|-------|---|
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victorian refugee
health network

Endorsed by (2018 - 2021):



GENERAL INFORMATION

Newly arrived people from refugee backgrounds will typically be unfamiliar with Australian healthcare systems, services and procedures. Consider explaining your role and how you work in relation to other clinical services (e.g. pharmacists, Emergency Departments).

DEMOGRAPHICS

Name (first/middle/last):

Preferred name:

Address:

Phone:

Date of birth:

Age:

Gender:

Sex assigned at birth:

Pronouns:

EMERGENCY CONTACT/NEXT OF KIN (MOTHER/FATHER/GUARDIAN IF UNDER 18)

Name:

Phone:

Relationship:

MEDICARE/HEALTH CARE CARD

Medicare card number:

Reference no.

Expiry:

N/A

Health care card number:

Reference no.

Expiry:

N/A

LANGUAGE AND INTERPRETER

Consider that written and spoken languages may be different. Consider literacy e.g. "If I was to give you a written document in your own language, could you read it?"

Interpreter required: Y N

Preferred language:

Other languages:

Always assess the need for a credentialed, professional interpreter. Private medical practitioners and other practice staff are eligible to access the **Free Interpreting Service** when providing Medicare rebateable services. **The Medical Practitioner Priority Line (1300 131 450)** gives eligible doctors 24-hour priority access to TIS National phone interpreters.

REFERRED BY

Name:

Role:

Agency:

Phone:

Reason for referral:

ASSESSMENT COMPLETED BY

General practitioner – place of practice:

Name:

Phone:

Date:

Refugee health nurse – place of practice:

Name:

Phone:

Date:

Practice nurse – place of practice:

Name:

Phone:

Date:

ANY OTHER PREVIOUS HEALTH INFORMATION PROVIDED

Health information may be obtained from both overseas health records and from healthcare services provided here in Australia.

HAP ID Number: N/A Pre-existing medical records: N/A
Includes immunisation record
Pre-departure health check outcomes: N/A Details of pre-existing medical records:
Critical Medical Indicator (CMI)
Potential Medical Indicator (PMI)
Health Undertaking
Details:

OTHER SERVICES INVOLVED N/A

Details e.g., name of service, name of contact
(if known), contact phone number)

MIGRATION HISTORY

Country of birth: Ethnicity:
Countries/places of transit (including refugee camp/s and detention centre/s)
Country: Dates:
Country: Dates:
Country: Dates:
Date of arrival in Australia: Current visa type (if known):
Was this visa granted in the last 12 months: Y N

This health assessment is MBS funded (Items 701, 703, 705 and 707) for eligible visas up to 1 year post arrival or visa grant date.
See **MBS billing and visa requirements**.

SOCIAL HISTORY

HOUSING

Temporary or permanent: Length of time at this address:
How long do you think you'll be staying there?
Briefly, describe the family composition, current household composition, number of people in the house and significant family members overseas:

EMPLOYMENT AND EDUCATION (MANY OR NONE MAY APPLY)

Enrolled in education: Y N Employed: Y N Seeking employment: Y N
Child/adolescent at school: Y N Home duties: Y N
Details (Consider asking about previous occupation, educational level):

MEDICAL HISTORY

CURRENT PATIENT CONCERNS

CURRENT (AND PREVIOUS) MEDICATION (Prescribed and over-the-counter, herbal/traditional medications/other supplements):

ALLERGIES

FAMILY MEDICAL HISTORY

INJURIES/ACCIDENTS/HOSPITALISATIONS

INFECTIOUS CONDITIONS (Consider history of or contact with TB, malaria, HBV, HCV, HIV, parasitic infections, respiratory symptoms, gastrointestinal symptoms, STIs, systemic/localising symptoms):

IMMUNISATION HISTORY (Check for written documentation pre and post arrival, BCG scar, natural infection including HBV and varicella, previous vaccine reactions):

No-one arriving as a refugee or asylum seeker will be vaccinated and up to date according to the Australian immunisation schedule. **Check and record all vaccines given on the Australian Immunisation Register (AIR).** AIR is a 'whole of life' register.

Make sure children/families/adults understand they will need 3-4 visits for vaccination. Where possible, immunise family members simultaneously to reduce the total number of visits.

Develop catch-up plan: Y N

If no, details

For families to receive certain Centrelink payments and to enroll in Victorian early childhood education services AIR records need to show that children and young people under 20 are either up to date for age OR on a catch-up schedule OR have a medical exemption.

The **Free Translating Service** provides translation into English of medical reports or vaccination certificates of up to 10 medical reports or vaccination certificates (in the form of an extract or summary) within the first 2 years of a patient's eligible visa grant date.

CHRONIC NON-COMMUNICABLE DISEASES

Cardiovascular disease:	Y	N	Diabetes:	Y	N
Chronic obstructive pulmonary disease:	Y	N	Thyroid disease:	Y	N
Osteoporosis/musculoskeletal disease:	Y	N	Chronic kidney disease:	Y	N
Breast/cervical/colorectal cancer:	Y	N			
Other:	Y	N			
Details:					

RISK FACTORS

Smokes tobacco:	Y	N	Quantity/frequency
Drinks alcohol:	Y	N	Quantity/frequency
Uses other substances (e.g. betel nut, sheesha, khat):	Y	N	Quantity/frequency
Physical activity:	Y	N	Type/frequency/duration
Details:			

Nutritional assessment (Consider food access, nutritional status):

Portions of fruit and vegetables per day, sugar (including sweetened drinks), salt and saturated fat intake:

Risk factors (such as dark skin, lack of skin exposure to sunlight) for low vitamin D: Y N

OTHER ISSUES

Hearing problems:	Y	N	Vision problems:	Y	N	Dental problems:	Y	N
Disability and adaptive function issues: Y N								
Details:								

ADDITIONAL HISTORY FOR SPECIFIC PATIENT GROUPS AND HEALTH CONCERNS

CHILDREN AND ADOLESCENTS (0-18)

In addition to all of the above, check growth, development, perinatal and postnatal history – are there any concerns about this child's development? (Consider gross motor skills, fine motor skills, vision, hearing, language and social development):

Birth to school age: is Maternal and Child Health involved? Y N Referral made: Y N

Is this child in childcare or education? Y N

If yes, please specify where:

Contact:

Education history (Consider gaps in schooling):

Behaviour – are there any concerns about this child's behaviour? (Consider both home and school environments):

Additional information:

Please see the [Royal Children's Hospital Melbourne Immigrant Health Service](#) for further information.

WOMEN'S HEALTH (INCLUDE FEMALE ADOLESCENTS)

Pregnant currently: Y N Weeks of gestation:

Breastfeeding currently: Y N Breastfed in the past: Y N

Previous pregnancies/births: Y N Number:

Consider cervical screening, breast screening, female circumcision/cutting and intimate partner violence.

Additional information:

SEXUAL HEALTH (WOMEN, MEN AND ADOLESCENTS)

Individuals may not want to disclose their sexual history but **contraception/STI screening should still be offered confidentially and sensitively**. Some concepts may need to be explained, such as sexual intercourse, sexual contact, sexually transmitted infections and risk (i.e. unprotected sex).

Contraception (current): Y N Contraception (previous): Y N

Consider sexual activity (past and present) and STI risk factors and symptoms.

Details:

PSYCHOSOCIAL HISTORY

Consider the words you use when discussing mental health. Social and emotional wellbeing may be better understood in some communities when working cross-culturally. Be aware that there may be stigma attached to psychological conditions.

This psychosocial history may contribute to completing a **Mental Health Treatment Plan** if required.

SETTLEMENT STRESSORS AND SUPPORT (Consider housing difficulties, finances, separation from family members and protective factors, e.g. community in Australia):

PSYCHOLOGICAL SCREENING

Appetite and weight change

Energy levels

Daily activities

Memory/concentration

Sleep (nightmares/sleep disturbance/secondary enuresis in children)

Mood/affect

Suddenly worried for no reason

Worries/too much thinking

EFFECTS OF TORTURE OR OTHER TRAUMATIC EVENTS

Each state and territory has a specialised torture and trauma service for people from refugee backgrounds, their families and communities. See [Forum of Australian Services for Survivors of Torture and Trauma \(FASSTT\)](#) for contact/referral details.

It is generally not advisable to ask directly about a person's experience of torture or other traumatic events. However, the potential impacts on psychological health should be assessed. Some useful questions:

- *Bad things have often happened to people who have been forced to leave their countries. I do not need to know the details about what you have been through, but 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 other problems that we have not talked about that I can help you with today?*

Details:

Continue to monitor for psychosocial problems as the presentation of these can often be delayed. When mental health concerns are evident, consider further mental health assessment including suicide risk assessment.

PHYSICAL EXAMINATION

Basic measurements*

Height:	Percentile (if <18):	Weight:	Percentile (if <18):
Head circumference (if <2 years):	Percentile:		

[Growth charts](#)

BP:	Temperature:	BCG scar:	BMI:
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Waist circumference (adults):

(*Note there may be different normal values for different ethnic groups)

Details:

EXAMINATIONS/FINDINGS

Skin conditions – including hair and nails

Fever – exclude malaria

Ear, nose and throat (ENT) and dental examination – look particularly for middle ear disease, dental caries

Pallor/murmur as a sign of anaemia – consider causes such as iron, B12 and folate deficiencies or lead toxicity

Sign of other micronutrient deficiencies e.g. dry eyes (vitamin A), skin (zinc, vitamin C, other), gums (vitamin C), lips/tongue (B-group vitamins including B12), hair/nails (zinc/other), goitre (iodine), teeth/rickets (vitamin D)

Cervical, axillary and inguinal lymphadenopathy – consider TB and HIV

Cardiovascular exam - consider murmurs, CVD

Respiratory exam - consider TB, COPD

Gastrointestinal exam - for hepatosplenomegaly consider chronic malaria, chronic liver disease including HBV, schistosomiasis, TB, HIV

Genitourinary exam (where appropriate)

Evidence of torture or other injuries

Neurology – consider gait, tone, power, reflexes and coordination

Visual acuity – all ages. For African people >40 years and others >50 years, refer to optometrist for glaucoma check

INVESTIGATIONS

Screening investigations for conditions of high prevalence should be offered to all new patients according to their individualised risk. The ASID/RHeaNA recommendations¹ for commencing risk assessment of diabetes and CVD are earlier than those given by the RACGP guidelines³ and so have been included in this table. **Complete all other recommended screenings as per the RACGP guidelines.**³

Table 1: Recommended initial screening investigations for people from refugee backgrounds^{1,3}

ALL	
FBE	
Hepatitis B Serology (HBsAg, HBsAb, HBcAb)	Write 'Query chronic hepatitis B?' on the pathology request slip to meet MBS requirements
<i>Strongyloides stercoralis</i> serology	
HIV serology*	≥15 years (Also part of IME for age >15 years) <15 years if unaccompanied/separated minor or clinical concerns
Latent TB screening with TST (Mantoux test) or IGRA (e.g. Quantiferon Gold)**	Offer test with intention to treat ≤35 years; if >35 years testing depends on risk factors and local jurisdiction. Check Medicare for IGRA rebates, TST preferred in children <5 years
AGE-BASED/RISK-BASED	
Varicella serology	≥14 years old if no known history of disease
Rubella IgG	Women of child-bearing age
Fasting glucose and or HbA1c***	Consider risk in patients ≥35 years if high-risk ethnicity (Asian, Middle Eastern, Pacific Islander, Southern European, North or Sub-Saharan African) and/or overweight and other risk factors For diabetes risk see www.health.gov.au/internet/main/publishing.nsf/Content/diabetesRiskAssessmentTool
Fasting lipids***	Consider risk in patients ≥35 years from CVD high-prevalence countries (South-East Asia and Southern Europe) and/or with risk factors such as obesity, hypertension or other risk factors Use CVD risk calculator www.cvdcheck.org.au
Ferritin	All women and children; men who have risk factors
Vitamin D, also check Ca, PO4 and ALP in children	Risk factors such as dark skin, lack of sun exposure Write risk factors on pathology request
Vitamin B12	Arrival <6 months; food insecurity; vegan; from Bhutan, Afghanistan, Iran, Horn of Africa
Syphilis serology	Risk of STIs, unaccompanied or separated minor
First-pass urine or self-obtained vaginal swabs for gonorrhoea and chlamydia PCR	Risk factors for STIs, or on request*
<i>Helicobacter pylori</i> stool antigen or breath test	Upper gastrointestinal symptoms or family history of gastric cancer
Stool microscopy – OCP	If no documented pre-departure albendazole, or persisting eosinophilia after albendazole treatment Also consider if abdominal pain, diarrhoea
COUNTRY-BASED	
<i>Schistosoma</i> serology	Residence in and/or travel through endemic areas https://refugeehealthguide.org.au/schistosomiasis/
Malaria thick and thin films and malaria RDT	Travel from/through an endemic malaria area within 3 months of arrival if asymptomatic, or within 12 months if symptoms of fever https://refugeehealthguide.org.au/malaria/
Hepatitis C Ab, and HCV RNA if HCV Ab positive	From region of high prevalence or with other risk factors. See testingportal.ashm.org.au/hcv/indications-for-hcv-testing

*ASID/RHeaNA panel did not reach consensus on these recommendations. ** The voluntary Departure Health Check includes live viral vaccines, *which may influence the timing and interpretation of the TST if this test is used for screening^{1,p27}. For information about access to pre-departure health information through HAPlite: <http://refugeehealthguide.org.au/health-information-for-new-humanitarian-arrivals> ***Do not delay pathology if fasting tests are difficult to organise.

FBE – full blood examination, HBsAg – hepatitis B surface antigen, HBsAb – hepatitis B surface antibody, HBcAb – hepatitis B core, MBS – Medical Benefits Schedule, HIV – human immunodeficiency virus, IME – Immigration Medical Examination, TB – tuberculosis, TST – tuberculin skin test, IGRA – interferon gamma release assay, IgG – immunoglobulin G, HbA1c – glycosylated haemoglobin, CVD – cardiovascular disease, Ca – calcium, PO4 – phosphate, ALP – alkaline phosphatase, STI – sexually transmitted infections, PCR – polymerase chain reaction, OCP – ova, cysts, parasites, RDT – rapid diagnostic testing, Ab – antibody, HCV – hepatitis C virus, RNA – ribonucleic acid

Note: Table 1 has been oriented towards the primary care setting and relies heavily on the ASID/RHeaNA Recommendations¹.

Note: For catch-up immunisation, further screening and management links see [Table 4](#) in the Australian Refugee Health Practice Guide.

MANAGEMENT PLAN AND REFERRAL

Following the completion of the Refugee Health Assessment consider the following where necessary. For chronic disease management consider a GP Chronic Condition Management Plan. For mental health consider a Mental Health Treatment Plan.

PATIENT PROBLEMS / NEEDS / RELEVANT CONDITIONS / TESTS	REQUIRED TREATMENTS AND SERVICES INCLUDING PATIENT ACTIONS	ARRANGEMENTS FOR REFERRALS AND TREATMENTS/SERVICES (WHEN, WHO, CONTACT)
CLINICAL FINDINGS		
PSYCHOLOGICAL OR DEVELOPMENTAL CONCERNS		
SETTLEMENT CONCERNS		
PREVENTATIVE HEALTH		
EYE/EAR/DENTAL		
OTHER		

RETURN FOR (consider reminder phone call/text message/settlement support to assist with attendance)

Catch-up immunisation: Y N Date: Further investigations: Y N Date:
 GP Management Plan: Y N Team Care Arrangement: Y N
 GP Mental Health Treatment Plan: Y N

CORRESPONDENCE

Informed consent to refer/share information obtained and documented: Y N
 Report/s for immigration: Y N
 Letter to referrer: Y N
 Hardcopy to patient: Y N
 Letter/assessment between GP and refugee health nurse: Y N N/A

SECONDARY CONSULTATION AND REFERRAL INFORMATION

For national referral information, please see the [Australian Refugee Health Practice Guide](#).

FURTHER RESOURCES

This template is one of a suite of resources developed by refugee health experts in Australia. The Refugee Health Assessment template references the clinical recommendations and practice guidance found in this suite, including:

- The [Australian Refugee Health Practice Guide](#) (Victorian Foundation for Survivors of Torture, 2018).
- Three booklets on key topics: [Why focus on refugee health?](#), [Child and Adolescent Health](#) (Paxton & Kiang, 2018), and [Experiences of Torture and Trauma](#) (Kaplan, 2018).



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VERSION HISTORY

Version	Date	Author	Description of Changes
5.0	2018	T. Mansfield	
5.1	June 2026	M. Cranney	Minor, interim updates only. Added time period for previous endorsement, version history, version number in footer, gender, pronouns and 'sex assigned at birth' (previously 'sex'), and types of health alerts (CMI/PMI). Removed duplicate resource links and replaced with links to additional resources. Updated expired weblinks and made minor formatting updates to accommodate changes.