

**REFUGEE NURSES AUSTRALIA (RNA)**

**Interstate Transfer Template**

**For clients from Refugee and Asylum Seeker backgrounds**

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| **Description** | * Many people from Refugee and Asylum Seeker backgrounds are transitioning between states and territories in Australia. * To assist the transition of clients and provide support we are asking that the client’s **basic** contact details be emailed or faxed to the lead nurses in each state.(details on page 2) * The lead nurses will then email the appropriate Refugee Health Nurses depending on the **suburb** of the clients’ future settlement * **This form should not include client medical records which will only be forwarded after a signed ‘consent for release of information’ has been received from the new health care provider.** |
| **Client contact details** | □ Please tick to indicate client has consented to share contact details  □ Please tick if client has had refugee health assessment completed  Last name: …………………………First name: ……………………………… Gender: Male/female  Number of dependents: …… Contact phone number: ………………………………………………….  HAP ID numbers for individual &/ family members:………………………………………………………  ………………………………………………………………………………………………………………….  **Suburb** *(please nominate suburb not major city)* **/State moving to** (*NB: not street address*):…………………………………………………………………  Date of arrival to Australia: …………………Approximate date of arrival to next state: ……….……  **Explain to the client that a person from a Refugee Health / Settlement Program will be contacting them to assist with accessing health services.** |
| **Interpreters** | Please state if a specific interpreter or gender is required.  Language: …………………………………………….……………………… M / F |
| **Contact details:**  **1 Nurse**  **2 Case Manager**  **3 General Practitioner** | 1 Name of referring **nurse**: …………………………...……………………………………………….  Phone number and Fax number: ……………………………………………………………………  2 Name/organisation of **current Settlement case manager**:…………………………………………  Email………………………………………………...................................................................................  Phone number ……….…………………………………………….………………………………..…  3 Name/organisation of **current** **General Practitioner**: ……………………….………………………  Fax number ………………………………………………………………………………………………  Phone number …………………………………………………………………….…………………..…. |

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| Refugee Health Nurse Interstate Contact List | | | | |
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| **Sandy Eagar** | Nurse Manager NSW Refugee Health Service | NSW | [sandy.eagar@health.nsw.gov.au](mailto:sandy.eagar@health.nsw.gov.au) | Mob: 0427 480 033  Fax: 02 8778 0790 |
| **Michele Greenwood** | Refugee Multicultural Health Clinical Nurse Consultant | NSW | Michele.greenwood@health.nsw.gov.au | Ph: 02 6656 7676 |
| **Kath Desmyth** | State Wide Facilitator Refugee Health Program | VIC | [kath.desmyth@cohealth.org.au](mailto:kath.desmyth@cohealth.org.au) | Mob: 0429 044 091 |
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| **Jan Williams** | Nurse Unit Manager  SA Refugee Health Service | SA | [jan.williams@sa.gov.au](mailto:jan.williams@sa.gov.au) | Ph: 08 8237 3912  Fax:08 8237 3949 |
| **Scott Anderson** | Refugee Health Coordinator | NT | refugeehealth[@melaleuca.org.au](mailto:Irene.simonda@melaleuca.org.au) | Ph: 08 8985 3311 |
| **Lance Jarvis** | Clinical Nurse Specialist | WA | [MigrantHealth@health.wa.gov.au](mailto:MigrantHealth@health.wa.gov.au) | Ph: 08 9222 8500  Fax 08 9222 8501 |
| **Megan Enright** | Clinical Nurse Specialist | ACT | [megan.enright@companionhouse.org.au](mailto:megan.enright@companionhouse.org.au) | Ph 02 6251 4550 |
| **Lou Leol** | Clinical Nurse Consultant –Southern Refugee Health Services, Hobart | TAS | [lou.leol@ths.tas.gov.au](mailto:lou.leol@ths.tas.gov.au) | Ph 03 61666834.  Mob: 0438827016. |
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