



REFUGEE NURSES AUSTRALIA (RNA)

Transfer Template

For clients from Refugee and Asylum Seeker backgrounds

Please complete form when a client is moving to a new location. Email to lead in receiving location.			
Client consented to share contact details and health information: yes no verbal attached			
Principle applicant and family details	Last name:		First name:
	DOB:		Gender:
	HAP No:		Contact No:
	NOK/sponsor Name		Visa:
Family Size	Name	HAP No.	DOB/ Age
Date of arrival	To Australia:		
	To new location/State:		
New Address			
Interpreters	Yes No Language:	Gender Preference M F Either	
Referral Details	Name of referring nurse:		
	Refugee Health Service		
	Phone number and Fax number:		
	Email:		
Case Manager	Name of current Settlement case manager:		
	Phone number and Fax number:		
	Email:		

GP Details	Name:
	Phone:

Has an initial Health assessment been completed? yes no By who:
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Outstanding health issues/complexity for f/u?	Nil
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Outstanding Referrals Required

Name	Service	Attended	Required

Refugee Health Nurse Interstate Contact List

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Michele Greenwood	Refugee Multicultural Health Clinical Nurse Consultant	NSW	Michele.greenwood@health.nsw.gov.au	Ph: 02 6656 7676
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