Te Whatu Ora
Health New Zealand
Capital, Coast, Hutt Valley and Wairarapa

To: Regional Public Health	**From:**
Attn: Refugee PHN	**Agency:**
Email:	**Date:** / /

REFUGEE REFERRAL FOR TB SCREENING

CONTACT DETAILS OF KEY FAMILY MEMBER		
First name: Refugee PHN	**DOB:** / /	
Surname:	**NHI:**	Sex: ☐ M ☐ F
Current address:		
Phone/contact:		

FAMILY MEMBERS TO BE SCREENED				
Name:	**DOB:**	**Address:**	**Phone:**	**Sex:**
	/ /			☐ M ☐ F
	/ /			☐ M ☐ F
	/ /			☐ M ☐ F
	/ /			☐ M ☐ F
	/ /			☐ M ☐ F

ETHNICITY DETAILS	
Ethnicity:	**Date of arrival in NZ:** / /
Language spoken:	**Interpreter required?** ☐ Yes ☐ No

CONTACT DETAILS OF SPNOSOR/FAMILY MEMBER	
Name:	Phone:
Current address:	

COMMENTS
Any significant health or social issues? Please comment:

Please forward this form to: Refugee PHN, Regional Public Health. E: rph@huttvalleydhb.org.nz

The information contained in the above message is legally privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that use, dissemination, distribution or reproduction of this message if prohibited. If you have received this message in error, please notify us immediately. Thank you.