

## REFUGEE REFERRAL FOR TB SCREENING WELLINGTON REGION

Receiver Details	
To: National Public Health Service	Attn: Refugee PHN
Email: GW-NPHSRefugee@tewhatuora.govt.nz	Phone: 04 570 9002
Referrer Details	
Agency/ GP:	Sender:
Email:	Phone:
Date Sent:	

Contact Details of Key Family Member/ Sponsor	
First name/s:	Surname:
Ethnicity:	Gender:
Language/s spoken by whānau:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Phone:	Email:

Please ensure ALL individuals who require screening are listed below.

Individual Requiring Screening			
First name/s:		Surname:	
DOB:	NHI:	Gender:	Ethnicity:
Address:			
Phone:		Email:	
Significant health or social concerns?			
Individual Requiring Screening			
First name/s:		Surname:	
DOB:	NHI:	Gender:	Ethnicity:
Address:			
Phone:		Email:	
Significant health or social concerns?			
Individual Requiring Screening			
First name/s:		Surname:	
DOB:	NHI:	Gender:	Ethnicity:
Address:			
Phone:		Email:	
Significant health or social concerns?			

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Phone:		Email:	
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Individual Requiring Screening			
First name/s:		Surname:	
DOB:	NHI:	Gender:	Ethnicity:
Address:			
Phone:		Email:	
Significant health or social concerns?			

Please forward this form to: Refugee PHN, National Public Health Service. E: [GW-NPHSRefugee@tewhaturora.govt.nz](mailto:GW-NPHSRefugee@tewhaturora.govt.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 is prohibited. If you have received this message in error, please notify us immediately. Thank you.