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| **NURSING ASSESSMENT**  **Mater Integrated Refugee Health Service (MIRHS)** | Unit Record No: [<Unit Record No:>](#BPSFIELD|C|10|||)  Surname: <PtSurname>  Given Names: <PtFirstName><PtMidName>  Date of Birth: <PtDoB>  Sex: <PtSex> |

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| **Nursing assessment commenced by** |
| |  |  |  |  | | --- | --- | --- | --- | | Name | Designation | Date | Contact Details | | [<Nursing Assessment Commenced by>](#BPSFIELD|C|10|||) | [<Designation>](#BPSFIELD|L|SINGLE||||Assistant in Nursing|Clinical Nurse|Nurse Unit Manager|Registered Nurse) | [<Date of nursing assesment>](#BPSFIELD|D|10|||) | [<Contact details>](#BPSFIELD|N|10|||) | | [<Nursing Assessment Commenced by>](#BPSFIELD|C|10|||) | [<Designation>](#BPSFIELD|L|SINGLE||||Assistant in Nursing|Clinical Nurse|Nurse Unit Manager|Registered Nurse) | [<Date of nursing assesment>](#BPSFIELD|D|10|||) | [<Contact details>](#BPSFIELD|N|10|||) |   [<Mater Patient Declaration and Consent form completed>](#BPSFIELD|X|10|||) |
| **Patient Details** |
| Surname <PtSurname> Given Names <PtFirstName><PtMidName> Preferred name <PtPrefName>  Title <PtTitle> DOB Age <PtAge> Gender <PtSex>  Address <PtAddress>  Telephone number: <PtPhoneH><PtPhoneWk><PtPhoneMob> Medicare number: <PtMCNo> Ref: <PtMCLine> Expiry date: <PtMCExpiry> |
| **Migration History** |
| Country of birth [<Country of birth>](#BPSFIELD|C|10|||) Cultural group identification [<Cultural Group Identification>](#BPSFIELD|C|10|||)   |  |  |  | | --- | --- | --- | | Country of transit | Date | Details | | [<Coutry of transit>](#BPSFIELD|C|10|||) | [<Date>](#BPSFIELD|D|10|||) | [<Details of transit>](#BPSFIELD|M|10|||) | | [<Coutry of transit>](#BPSFIELD|C|10|||) | [<Date>](#BPSFIELD|D|10|||) | [<Details of transit>](#BPSFIELD|M|10|||) | | [<Coutry of transit>](#BPSFIELD|C|10|||) | [<Date>](#BPSFIELD|D|10|||) | [<Details of transit>](#BPSFIELD|M|10|||) | | [<Coutry of transit>](#BPSFIELD|C|10|||) | [<Date>](#BPSFIELD|D|10|||) | [<Details of transit>](#BPSFIELD|M|10|||) |   Date of arrival to Australia [<Date of arrival to Australia>](#BPSFIELD|D|10|||) Visa category [<Visa Category>](#BPSFIELD|C|10|||)  Case Manager Name [<Case Manager name>](#BPSFIELD|C|10|||) |
| **Social History** |
| <SocialHx> |
| **Employement / Education history** |
| [<Employement / Education history>](#BPSFIELD|M|10|||) | |

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| **NURSING ASSESSMENT**  **Mater Integrated Refugee Health Service (MIRHS)** | Unit Record No: [<Unit Record No:>](#BPSFIELD|C|10|||)  Surname: <PtSurname>  Given Names: <PtFirstName><PtMidName>  Date of Birth: <PtDoB>  Sex: <PtSex> |

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| **Health documents on arrival** |
| [<Visa Medical Examination>](#BPSFIELD|X|10|||) Visa Medical Examination  [<Depature Health Check>](#BPSFIELD|X|10|||) Departure Health Check  [<Health undertaking>](#BPSFIELD|X|10|||) Health undertaking  [<Immunisation documents>](#BPSFIELD|X|10|||) Immunisation documents  [<TB screening>](#BPSFIELD|X|10|||) TB screening  [<Other health information>](#BPSFIELD|X|10|||) Other health information |
| **Past medical/ surgical history** |
| Family medical history <FamilyHx>  Past medical/ surgical history <PMHAll> |
| **Medication** |
| <CurrentRx> |
| **Allergies** |
| <Reactions> |
| **Current History** |
| Current medical history [<Current medical history>](#BPSFIELD|M|10|||)  Smoking History <SmkHx>  Alcohol History <AlcHx> |

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| **NURSING ASSESSMENT**  **Mater Integrated Refugee Health Service (MIRHS)** | Unit Record No: [<Unit Record No:>](#BPSFIELD|C|10|||)  Surname: <PtSurname>  Given Names: <PtFirstName><PtMidName>  Date of Birth: <PtDoB>  Sex: <PtSex> |

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| **Observations** |
| Temperature [<Temperature>](#BPSFIELD|C|10|||) Visual acuity LEFT [<Visual acuity LEFT>](#BPSFIELD|C|10|||)  Respiratory rate [<Respiratory rate>](#BPSFIELD|C|10|||) Visual acuity RIGHT [<Visual acuity RIGHT>](#BPSFIELD|C|10|||)  HR [<Heart Rate>](#BPSFIELD|C|10|||) BP (age older than 12 years) [<BP (age older than 12 years)>](#BPSFIELD|C|10|||)  CVS [<CVS>](#BPSFIELD|C|10|||) Respiratory [<Respiratory>](#BPSFIELD|C|10|||)  GIT [<GIT>](#BPSFIELD|C|10|||) Genitourinary [<Genitourinary>](#BPSFIELD|C|10|||)  CNS [<CNS>](#BPSFIELD|C|10|||) Musculo-skeletal [<Musulo-skeletal>](#BPSFIELD|C|10|||)  Dermatology [<Dermatology>](#BPSFIELD|C|10|||) Other [<other>](#BPSFIELD|C|10|||) |
| **Examination** |
| Hearing [<Hearing>](#BPSFIELD|M|10|||)  Eyes [<Eyes>](#BPSFIELD|M|10|||)  Oral Health [<Oral Health>](#BPSFIELD|C|10|||)  Nutrition [<Nutrition>](#BPSFIELD|C|10|||)  Sleep [<Sleep>](#BPSFIELD|C|10|||)  Mental Health [<Mental health>](#BPSFIELD|C|10|||)  Parents'Evaluation of Developmental Status (PEDS) tool [<Parents'Evaluation of Developmental Status (PEDS) tool>](#BPSFIELD|C|10|||) |
| **Education provided** |
| [<How to call an ambulanc, after hours GP. 13HEALTH, Translating and Interpreting Service>](#BPSFIELD|X|10|||)How to call an ambulance, after hours GP, 13HEALTH, Translating and Interpreting Service  [<How to make a GP appointment>](#BPSFIELD|X|10|||) How to make a GP appointment  [<How/when to use Medicare and Health Care Card>](#BPSFIELD|X|10|||) How/when to use Medicare and Health Care Card  [<Healthy drinks and healthy eating>](#BPSFIELD|X|10|||)Healthy drinks and healthy eating  [<Oral hygiene>](#BPSFIELD|X|10|||) Oral hygiene  [<Catch up immunisations>](#BPSFIELD|X|10|||) Catch up immunisations  [<Other>](#BPSFIELD|M|10|||)  Main health concerns: [<Main health concerns>](#BPSFIELD|M|10|||) |
| **Referrals** |
| |  |  |  | | --- | --- | --- | | **Service required** | **Service provider** | **Instructions** | | [<GP>](#BPSFIELD|X|10|||) General Practice |  |  | | [<Dental>](#BPSFIELD|X|10|||) Dental |  |  | | [<Optometry>](#BPSFIELD|X|10|||) Optometry |  |  | | [<Child Health>](#BPSFIELD|X|10|||) Child Health |  |  | | [<Audiology>](#BPSFIELD|X|10|||) Audiology |  |  | | [<Immunisation "catch up>](#BPSFIELD|X|10|||)Ímmunisation ''catch up'' |  |  | | [<TB "at risk">](#BPSFIELD|X|10|||) TB '' at risk" |  |  | | [<Nutrition>](#BPSFIELD|X|10|||) Nutrition |  |  | | [<Gender specific health checks>](#BPSFIELD|C|10|||) Gender specific health checks |  |  | | [<Other>](#BPSFIELD|C|10|||) Other |  |  | |

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