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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** |
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| --- | --- | --- | --- |
| 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|||)

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| 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|||) |

Page 1 of 3

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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> |

Page 2 of 3

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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**  |
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| **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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Page 3 of 3