**Explanation for the Patient / Guardian:**

* The medical condition (illness) you have is preventable and may be linked to the environment in or around your home.
* With your permission, the local EH team can visit you at home to:
  + talk to you about the home environment and how it can cause illness,
  + visit your home to identify any environmental health related issues that are contributing to you being sick,
  + help you overcome or minimise those issues,
  + fix any required house repairs while they are there or help you by referring any house maintenance.
* This service is free and depending on your circumstances and what the issue(s) is/are, the local environmental health team may offer to visit you in your home several times to help you.

**NB: Email Completed Referral form to your local Aboriginal Environmental Health Service (if known) or to** [**AboriginalEnvironmentalHealthWA@health.wa.gov.au**](mailto:AboriginalEnvironmentalHealthWA@health.wa.gov.au)

|  |  |  |
| --- | --- | --- |
| **Presenting health concern (attributable to environmental health):** | | |
| □ Gastroenteritis | □ Trachoma | □ Respiratory conditions |
| □ Skin sores / impetigo | □ Conjunctivitis | □ ARF / RHD |
| □ Scabies | □ Otitis media | □ MRSA / Golden Staph |
| □ Injury / dog bite / open wound | □ Mosquito borne (arbovirus) | □ Worms & other Parasitic infestations |
| □ Kidney disease (APSGN) | □ Other (*please specify*) | |
| Additional information: | | |

|  |  |
| --- | --- |
| **Patient Name** *(and Guardian details if under 18 years):* |  |
| **Patient / Guardian contact phone number:** |  |
| **Address** *(Community name and house number):* |  |
| **Primary house tenant contact details**  *(if not the patient / guardian)****:*** |  |

|  |  |  |
| --- | --- | --- |
| **Referring Clinic / Health Service contact details:** | **EH Team:** | |
| **Name of Referring Clinician:** | **Referring Clinician contact details:** | |
| **Patient / Guardian Signature:**  *(I consent to having an Environmental Health team member visit me)* | | **Date:** |

**This document was prepared by:**

Environmental Health Directorate

Public and Aboriginal Health Division

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**Disclaimer**

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**Feedback**

Any feedback related to this document should be emailed to [ehinfo@health.wa.gov.au](mailto:ehinfo@health.wa.gov.au)