



Tips for General Practitioners

Seeing a patient of refugee background for the first time

The following suggestions are to be used as a guide, and practices can adapt the order of assessment according to situations. Refugees should be linked in with a GP within a few weeks of arriving in Western Australia.

1 First Visit

Tip: Book a long appointment to allow time to build trust.

Inform the patient about:

- Practice opening times and appointment system.
- Doctor/Patient confidentiality.
- The first visit and future health checks are recommended but voluntary and require patient consent.
- This visit is introductory and the 2nd visit will include a more complete medical history and physical examination.

Tip: Ensure that an understanding is reached about the patient's expectations of the consultation. Failure to address expectations can result in failure of concordance with treatment and frustration for both doctor and patient.

Check:

If the patient has a copy of previous health documents or a Health Manifest which may include previous vaccinations and health concerns.

Address:

- Urgent health concerns and ask patient if they have a 'Health Undertaking' (the support person or Case Manager may know if this is the case).
- Any need for contraception or pregnancy test for women of childbearing age.

If there is time, consider commencing:

- Blood tests - ensure patient consent is obtained.
- Catch-up immunisation (Hep B is best after serology is arranged to exclude infection or immunity).

Key Investigations (for all refugee adults and children)

- Full blood count
- HIV serology (if over 15 years old or unaccompanied minor)
- Hepatitis B serology – request HBsAg, HBsAb & HBcAb (write "query chronic Hepatitis B" on request form to satisfy MBS requirement)
- Strongyloides serology
- Ferritin

How To Book An Interpreter

Contact the Translating and Interpreting Service (TIS), a free service for private practice Doctors.

Immediate telephone interpreter:

The Doctors' Priority Line 1300 131 450
(24 hrs / 7 days)

Book 'on-site' interpreters:

at www.tisnational.gov.au - General enquiries:
131 450

Tip: Consider the patient's ethnicity, preferred language and gender when booking an interpreter. Avoid using family members and friends to interpret

- If under 35 years - Latent Tuberculosis Infection screening i.e. Mantoux or Quantiferon
- Varicella serology (≥ 14 years if no known history of disease)

Risk-based (tests which are not routine unless there is a risk identified on history)

- Vitamin D (if person has dark skin or lack of sun exposure). Also check calcium, phosphate, and alkaline phosphatase (ALP) in children.
- Vitamin B12 (food insecurity, vegan)
- FVU for chlamydia and gonorrhoea (if at risk of STI including history of sexual assault)
- Syphilis serology (if at risk of STI including history of sexual assault)
- Thalassaemia screening (if there is microcytosis on blood film in iron replete individual)
- Helicobacter pylori faecal antigen (upper GIT symptoms)
- Hepatitis C serology (history of blood transfusion)
- Rubella serology (women childbearing age)
- Stool microscopy (OCP) (no pre-departure albendazole or persisting eosinophilia after albendazole treatment)

Country-based (for individuals from areas with high prevalence – e.g. sub-Saharan Africa, South East Asia)

- Schistosomiasis serology
- Malaria thick and thin films and RDT
- Hepatitis C serology

When booking the next appointment:

- Book a long appointment to allow time to build trust and rapport
- Explain that all refugee patients should have a one-off 'health assessment' with consent, claimable under medicare. These items can be claimed once within the first 12 months after arrival
- Ask General Practice Administration to use the Appointment Reminder Translation Tool.
www.swsldh.nsw.gov.au/refugee/appointment

2 The Second Visit

1. Obtain a full medical history
2. Conduct a thorough physical examination
3. Explain any blood test results, even if they are normal. Multiple 'follow up' blood tests without any obvious treatment may be hard to accept.
4. Start or continue immunisation

Informed consent should be obtained for all tests.

History:

- General (weight loss, fever)
- Skin (rash, scars, wounds)
- Neuro (headache, fits, vision, hearing)
- CVS (chest pain, SOA, palpitations)
- Respiratory (SOB, cough, sputum, haemoptysis - low threshold for urgent referral to TB services)
- GIT (nausea, vomiting, constipation, bloody stool)
- ENT (dental caries, discharge)
- GUS (pregnancy, discharge, bleeding, female circumcision)
- Musculoskeletal (limp, pain, swelling)
- Psycho/social (A simple screen by asking about how they are settling in, sleeping and eating)

- Trauma (exposure to war or atrocities should be documented)
- Sexual history (as relevant)
- Developmental status (children)
- Family dynamics (a genogram can be very helpful; also consider family left behind).

Examination:

- General appearance (weight, temperature)
- Eyes - VAs
- Dental - check for caries, deformity
- Head and neck (lymph nodes, masses)
- CVS (BP, murmurs, cardiomegaly)
- Respiratory
- Abdomen (splenomegaly/hepatomegaly/hernia)
- CNS (neuropathy)
- Extremities (swelling, limp)
- Skin, scalp (scars, wounds, rashes)
- Developmental status (children)
- Clinical features of rickets
- Genital examination - if indicated

Tip: The medical history and examination can bring back traumatic memories for the patient and needs to be provided in a sensitive and culturally appropriate manner.

3 The Third Visit

'Health assessment' (Items 701, 703, 705 or 707), can be billed at Visit 2 or 3 once the management plan and paper work is completed.

- Ensure 'catch-up' immunisations are continued.

Consider:

- Arranging a GP Management Plan and Team Care Arrangements (Items 721 and 723) and/ or Mental Health Plan (Item 2715 & 2717) as appropriate.
- Well Woman check

- Lifestyle advice - metabolic screening
- Referrals to other services (AseTTs, Dental, Optometry, Audiology, Allied Health and Specialists)
- Giving advice regarding the need for vaccinations (e.g. Yellow Fever) if returning to home country to visit family and friends.

Tip: Patient education about the need for continuing care and preventive health care even when they feel well, is an important role for the Practice.

KEY CONTACTS

Humanitarian Entrant Health Service (HEHS)

Ph: (08) 9222 8500

Western Australia Tuberculosis Control Program

Ph: (08) 9222 8500

Association for Services to Torture and Trauma Survivors (ASeTTS)

Ph: (08) 9227 2700

Perth Children's Hospital Refugee Health Clinic

Ph: 0420 983 290

CACH Refugee Health Team

CACH.RefugeeHealthReferrals@health.wa.gov.au

For a more information and a comprehensive list of services visit:

wa.healthpathways.org.au

Username: **connected**

Password: **healthcare**

HealthPathways is an online portal for GP's and primary care health professionals, it provides information on managing patients and referring them to appropriate local services, including hospitals, allied health and community programs. The Pathways are designed to be used during consultations and have been developed by general practice teams and specialist clinicians.



HealthPathways WA

This resource is based on 'Promoting Refugee Health: A guide for doctors and other health care providers caring for people from refugee backgrounds' (3rd Ed, 2012) and endorsed by the Partnership Advisory Group (PAG). It may not be modified without permission from PAG. It was developed as part of the Mater Refugee Health Resource Project with Brisbane South PHN funding. (Updated Feb 2017).
Download: <http://www.refugeehealthnetworkqld.org.au/health-assessment/>



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www.wapha.org.au