



REFUGEE HEALTH REFERRAL FORM

CONDITION	TEST RESULTS/ REASON FOR REFERRAL	DATE REFERRAL MADE	REFERRAL MADE TO
HEPATITIS B			
OVA & PARASITES	<p>Stool Test / Pathogenic Parasites Found:</p> <p> <input type="checkbox"/> Ascaris <input type="checkbox"/> Giardia <input type="checkbox"/> Schistosoma <input type="checkbox"/> Clonorchis <input type="checkbox"/> Hookworm <input type="checkbox"/> Strongyloides <input type="checkbox"/> Dietameoba <input type="checkbox"/> Hymenolepis <input type="checkbox"/> Trichuris <input type="checkbox"/> Entamoeba histolytica <input type="checkbox"/> Paragonimus <input type="checkbox"/> Other (specify): _____ </p>		
STD	<p>Tested Positive: <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Other (specify): _____</p>		
BLOOD PRESSURE			
BLOOD SUGAR			
HGB			
HEARING			
VISION			
DENTAL			
PREGANCY			
PPD, CXR			
MENTAL HEALTH			
OTHER	H: _____ W: _____ Notes: _____		

Provider: _____ **Date:** _____