

**Western Health
Aboriginal Health
Unit Referral Form**

PATIENT IDENTIFICATION LABEL

- Footscray Hospital Williamstown Hospital
 Sunshine Hospital Sunbury Day Hospital

Please select which AHU Program you are referring to:

- Aboriginal Hospital Liaison Officer (AHLO) Koori Maternity Services (KMS AHLO)

REFERRAL DETAILS	
Date of Referral	
Referrer Name	
Department	
Contact Phone Number	
Advised Patient about AHU	Yes <input type="checkbox"/> No <input type="checkbox"/> Gave them AHU Brochure <input type="checkbox"/>

PATIENT INFORMATION	
Name	
Address	
Date of Birth	
Identity Status	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>
UR Number	
Current Ward	
Presentation Date	
Reason for Referral	
Current Medical Condition	

PLEASE EMAIL COMPLETED REFERRAL TO: Aboriginalhealthunit@wh.org.au

CONTACT DETAILS

Aboriginal Health Unit

Available Monday – Friday 8.00am – 5.00pm (excludes Public Holiday)

Unit email: Aboriginalhealthunit@wh.org.au

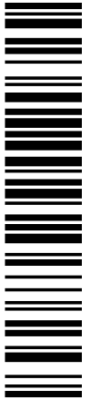
Koori Maternity Services AHLO

T: 8345 0952
M: 0481 010 333

AHLO

T: 8345 0949
M: 0481 008 847

WHCOR372



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