**PRIVATE AND CONFIDENTIAL  
Occupational Health – Manager Referral Form**

**EMPLOYEE INFORMATION:**

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| **Personal and Contact Details** | |
| **Employee Number:** | **Name:** |
| **Date of Birth:** | **NI Number:** |
| **Home Tel No:** | **Work Tel No:** |
| **Mobile No:** | **Personal Email:** |
| **Work Email:** | *Email and telephone number*  *required for appointment purposes* |
| **Home Address:** | |

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| **Post Details** | |
| **Post Title:** |  |
| **Section/Academy:** |  |
| **Hours Worked:** |  |
| **Is the employee currently at work:** |  |

By completing and submitting this Occupational Health (OH) referral form, I confirm that the named employee has been informed of the contents of this OH Referral form and has consented to an OH consultation for the reasons recorded, which may include examination, and is aware that an OH report will be provided to the referrer(s).

**Client Appointment Preference –** Please specify which type of assessment you prefer

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| **Occupational Health Medical Referral Information** | | |
| **Triage** |  | We will triage and choose the appropriate type of assessment and clinician |
| **OH Physician – Telephone Consultation** |  | OH Physician – a qualified medical doctor with extensive experience in a variety of medical specialities and extended training on OH. This involves an enhanced assessment and is indicative for complex medical issues and difficult work situations, such as for those employees who have issues remaining despite their circumstances being actively managed. |
| **OH Physician – Video Consultation** |  | As above “OH Physician Telephone Consultation” and when visual observation would be particularly useful to complete the assessment. |
| **Ill Health Retirement – Formal** |  | Proceeding to a formal ill health retirement application. |
| **OH Advisor – Telephone Consultation** |  | OH Advisor – a qualified Registered Nurse with extensive experience in a variety of medical specialities and extended training in OH. Majority of referrals can be completed by OHA telephone assessment. |
| **OH Physician – Face to Face** |  | Clinics ONLY in Leeds, Manchester, London and Manchester |

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| **Additional Employee Details** |
| **Daily Work Activities:**  (Provide brief details of essential components of the role and any aspects not included in the job description; include any exposure to workplace hazard and safety critical work activities) |
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| **Special Considerations to Support the Employee in Attending and/or Participating in the OH Consultation Process**  Record in this section, any specific requirements we need to be aware of in relation to conducting this OH consultation and clinical assessment due to a disability or other factor affecting the employee, i.e. speech or language barriers, hearing difficulties, mobility (if the appointment is face to face) and/or employee availability. **Please note:** This section is **NOT** for details of health problems, work issues, special requests or questions; **they should be included in the relevant section of this OH referral form.** |
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| **Fundamental Reasons for Referral** | **Y/N** |
| **Long Term Sickness Absence** |  |
| **Concerns about their ability to perform at work due to health problems** |  |
| **Seeking advice for support in providing workplace adjustments** |  |
| **Poor performance at work due to health related issue** |  |
| **Accident sustained at work** |  |
| **Seeking advice for a return to work** |  |
| **Job requirements have/will be changing** |  |
| **Short term, intermittent absence from work** |  |
| **Lifestyle issues** |  |
| **Details of Health Problem** | |
| * Provide a brief overview of your understanding of the employee’s current health problems/concerns and any impact on functional ability within the role. * Provide details of duration of concerns/frequency of absence/job and business-related concerns. * Include diagnosis or, if unknown. What symptoms are impacting on work.   (Maximum 1500 characters)  Please note: Questions must not be included in this section as all questions must be recorded in the correct section of the OH referral form. If any questions are recorded in this section, the OH referral form will be returned to you to have the questions removed and recorded under the section for any other questions. | |
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| **Additional Information** |
| Include any additional information that is relevant to the current situation, e.g.   * What action has already been taken * Any contact between manager and employee including any outcomes of this contact * Any adjustments in place and how successful they have/have not been and time frames these might continue to be supported * What can or cannot be accommodated in relation to adjustments and time frames these might be supported * Opportunities for alternative roles and time frames these might be supported * If disciplinary/grievance procedures are/have been undertaken. Please note full details of disciplinary/grievance issues are not required, but if appropriate, you can provide details of any witnessed behaviours that have given cause for concern.   (Maximum 1250 characters)  Please note: Questions must not be included in this section as all questions must be recorded in the correct section of the OH referral form. If any questions are recorded in this section, the OH referral form will be returned to you to have the questions removed and recorded under the section for any other questions. |
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| **A clinical opinion will be provided in relation to each point under number 1 and 2 as standard in all our OH reports.**    **1.**   * An opinion on the referred employee’s current fitness for work, in what capacity and a likely return to work date, if absent. * An opinion on any limitations to them undertaking full duties now or in the future. * Any workplace adjustments that would be required to support them in returning to or attending work on a regular basis in a sustainable capacity. * Are alternative duties/redeployment advised.   **2.**   * An opinion on whether the referred employee has any impairment/condition which is short or long term. * What impact this impairment/condition will have on them attending work on a regular basis now or in the future. * Any effect this impairment/condition is likely to have on them attending work on a regular basis now or in the future. * Whether the individual is in receipt of the appropriate medical support and treatment. * How effective the treatment is. * What impact, if any, this treatment may have on their functional ability in the workplace now and in the future. |

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| **Only questions indicated and recorded in the sections below will be directly answered in the OH report.**  **No questions should be asked or recorded in any other section of the OH referral form.**  **Indicate is you want the following questions to be answered. If no selected by ticking a box, they will not be addressed within the consultation.**  **3.** Is the employee able to fully engage in meetings with management with or without support and adjustments?  **For the referrer:** Advice will be provided on support and adjustments if required. This question relates to all types of meetings with management including welfare, disciplinary, grievance and general – this is not an exhaustive list and the question refers to any meeting that management may expect an employee to engage in.  **4.** Whether the disability sections of the Equality Act are applicable in this case?  **For the referrer:** This is a legal question and an Occupational Health clinician can only provide their opinion. A definitive answer can only be provided through the legal system. |
| **Any other questions – specify below (one question per line, maximum 200 characters per question). If you have no other questions, leave blank.** |
| **5.** |
| **6.** |

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| **Our standard appointment only allows sufficient time to address the above number of questions.**  The core issues and above questions will be addressed and recommendation will be provided as part of our standard OH referral process; if you still wish to ask further questions, the clinician will need additional time to address these. In this case, we will need to book an extended appointment.  Please note the response to point number 1 will provide clinical advice/recommendations in relation to fitness for work and supporting the employee with workplace adjustments, if appropriate. Therefore, you should not need to add any questions in relation to this.  Please tick this box if you wish to ask additional questions and authorise an extended appointment with its associated increased cost. |
| Record your additional question(s) below (Maximum 200 characters per question) |
| **Documents**  Only add documents which relate to the employees current health problem. (Maximum 5 in total)  Documents should be PDF format or a good quality photograph that shows the document in full. All documents should be labelled correctly to ensure they are identifiable. Password protected documents should not be uploaded.  Documents that can be added include: latest fit note, recent medical report (within the last 6 months) with employee’s consent, absence record if clearly demonstrates the reasons for absence, current completed risk assessments relevant to the health problems the employee is currently experiencing. However salient points of any risk assessment should be summarised and recorded in the Additional Information section. Do not upload appointment letters, disciplinary, grievance/return to work reports or welfare meeting notes. |
| **Declaration**  By completing and submitting this Occupational Health (OH) referral form, I confirm that the named employee has been informed of the contents of this OH Referral form and has consented to an OH consultation for the reasons recorded, which may include examination, and is aware that an OH report will be provided to the referrer(s).  **YES** |

**MANAGER’S INFORMATION**

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| **Manager’s Details:** | |
| **Name:** |  |
| **Contact Number:** |  |
| **Work Telephone Number:** |  |
| **Email:** |  |