

When making a referral to the Occupational Health Service please read the referral guidance sheet, then complete this form with the following information:

Name of referrer			
Job title of referrer			
Company Name			
Telephone Number		Mobile (if relevant)	
Email Address:			
Address			
Employees Name		Date of Birth	Male Female
Address			
		Postcode	
Home Tel No.		Mobile Number	
Job title		Work Tel No.	
Email Address			

Reason for referral: (tick any if relevant)

Sickness absence		Current health issue		Review of previous condition	
Changing job requirements		Workplace risk assessment		Pregnancy Risk Assessment	
Concerns regarding ability to work in a role		Adaption to changes in shift patterns		Following accident or incident at work	
Other (Please give details)					

Is the employee aware of the reasons for this referral	Yes	No
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Description and requirements of job process (please tick) if relevant to the reason of the referral.

Walking		Prolonged standing	
Working at heights		Working in confined spaces	
Safety Critical Role		Use of vibrating power tools	
Manual Handling Lifting/Carrying		Bending/stooping	
Significant back and neck activities		Significant activities involving arms	
Any repetitive work activities		Food handling	
Driving Company Vehicles		Potential known irritants (Respiratory or skin)	
Demanding Job		Target/achievement driven	
Other (Please specify)			

Additional Documentation Included: (tick if relevant)

Job Description (if not available please provide a brief description of the role)	
Sickness Absence Breakdown (including periods and reasons)	
Accident Report (if relevant to the referral)	
Meeting Notes/Risk Assessments (if relevant to the referral)	

Please provide details of any adjustments the company has already made to the employee's role and if they would like the OH Service to consider any other suggested adjustments?

Any other additional information relevant to the referral to aid the Consultation

Information the Referrer would like to know from Occupational Health: (Tick if relevant)

Questions: -		
1.	What is the nature of the health problem?	
2.	Is the on-going health problem likely to be temporary or permanent and is there any additional help/treatment being considered or recommended?	
3.	Is he/she undertaking any treatment or taking any medication that impacts on their ability to undertake their role safely?	
4.	If possible, what is the likely timescale for return to work.	
5.	Will he/she require any restrictions adjustments or equipment any training and additional supervision in order to facilitate their return to work and are there any time implications for these actions?	
6.	Will re-deployment be required (if business circumstances permit) - what duties will the employee be able to perform, and will any time implications be applicable?	
7.	Is the employee likely to have a higher-than-average Sickness Absence level in the short term/long term?	
8.	Is the employee covered by the Equality Act 2010?	

If you have any further questions specific to the referral that are not covered in the questions above, we will answer two questions included in the referral appointment. If you require more than two the clinician may require additional time to complete the assessment and we reserve the right to charge for this additional time spent on the case:

1.	
2.	

The reason for this referral has been explained by (Supervisor/Manager/HR Advisor)

Name: _____ **Signature:** _____ **Date:** _____

I confirm that the reasons regarding this referral have been discussed with me.

I consent to a report being prepared by the occupational health department in relation to this referral.

I accept that information related to this referral will be held under the rules governing Medical Confidentiality and the General Data Protection Regulations 2018.

Employee's Electronic signature (if applicable): _____ **Date:** _____

*To prevent delays in arranging an Occupational Health assessment please ensure the form is fully completed.
Please complete, sign and send to:*

Unity Occupational Health and Wellbeing Limited
552 Dereham Road
NORWICH, Norfolk NR5 8TU
Email: mail@unityoccupationalhealth.com