



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

DEPARTMENT OF OCCUPATIONAL HEALTH

STAFF REFERRAL FORM – For use by Managers

Please use **block capitals**, and ensure Sections A, B, C, D and E are fully completed. Incomplete forms will be returned. Ensure employee's name is on all correspondence.

A EMPLOYEE DETAILS:		Tick this box if any details in section A have changed since last seen <input type="checkbox"/>	
Title Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			
Surname			
Forename/s			
Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home address		Job Title	
		Department/	
		Place of Work	
		Directorate	
Post Code		Hospital Site	
		or address of Unit	
Home Tel No		Work Tel No	

B REFERRING MANAGER DETAILS:		Tick box for copy of (first) appointment letter: <input type="checkbox"/>	
Name, title & correspondence address (provide FULL details if not Hospital Site or Unit)			
Tel			
I confirm that the individual has been made aware of this referral and the reasons for it.			
Signature		Date	

C REASON FOR REFERRAL TO DOCTOR:
(eg details of concern about attendance and/or performance at work)
IT IS ESSENTIAL TO GIVE DETAILS OF YOUR MANAGEMENT OF THE SICKNESS ABSENCE AND ANY SPECIFIC ADVICE YOU REQUIRE
OTHER BACKGROUND INFORMATION (Optional)
A current Job Description and workplace risk assessment may be requested

NAME OF EMPLOYEE:	
D DETAILS OF MANAGER/HEAD OF DEPARTMENT: Name, title & correspondence address (provide FULL details if not Hospital Site or Unit and different from overleaf)	
Tel	
NB: BEFORE REFERRAL TO THE DEPARTMENT OF OCCUPATIONAL HEALTH, INDIVIDUALS SHOULD BE REGISTERED WITH A GENERAL PRACTITIONER	

[illegible]

F FOR DEPARTMENT OF OCCUPATIONAL HEALTH USE ONLY:			
ACTION _____			
Appointment with	<input type="checkbox"/> Doctor _____	<input type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes
Appointment with	<input type="checkbox"/> Nurse _____	<input type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes
Reason	<input type="checkbox"/> LTSA <input type="checkbox"/> STSA <input type="checkbox"/> Fitness/performance	<input type="checkbox"/> Accident/Injury	<input type="checkbox"/> OH advice
Assessed by	Date		