GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

DEPARTMENT OF OCCUPATIONAL HEALTH

OHN

SELF REFERRAL FORM – For use by individual.

Ensure Section A is fully completed; record brief details in Section B; Section C for use by OH team; Section D should only be completed, if appropriate, following consultation.

Please complete the following using BLOCK CAPITALS

A PERSONAL DETAILS: Tick box if any details in Section A have changed since last seen ☐

Title Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:	
Surname	
Forename/s	
Date of Birth Age	Male ☐ Female ☐
Home address Post Code	
Tel No Mobile Work No & Extension if applicable	
Job Title	
Department/Place of Work	
Directorate	
Hospital Site or address of Unit	

B REASON FOR SELF-REFERRAL TO DEPARTMENT OF OCCUPATIONAL HEALTH

Signature Date

NB BEFORE SELF-REFERRING TO THE DEPARTMENT OF OCCUPATIONAL HEALTH, INDIVIDUALS SHOULD BE REGISTERED WITH A GENERAL PRACTITIONER

C FOR DEPARTMENT OF OCCUPATIONAL HEALTH USE ONLY

NAME OF EMPLOYEE:

Telephone Consultation ☐

Call-in to Department ☐

Site NPTH ☐ MH ☐ POWH ☐ SH ☐

Other:

See OH notes ☐

ACTION

Assessed by **Date**

Appointment with ☐ Doctor ☐ 15 minutes ☐ 30 minutes

Appointment with ☐ Nurse ☐ 15 minutes ☐ 30 minutes ☐ 60 minutes

Letter to Manager/HR Officer? YES ☐ (ask individual to complete Section D) NO ☐

D CONSENT (only to be completed, if appropriate, after consultation)

Following my self-referral, I agree to the Occupational Health Nurse or Doctor providing an advisory report to my Manager/HR Officer and I understand that any advice about my health relating to my work will be in general terms only. The proposed contents of the report have been discussed with me and I understand that a copy will be provided to me, if requested. ☐

Following my self-referral, I confirm that I wish to see the proposed advisory report from the Occupational Health Nurse or Doctor to my Manager/HR Officer before deciding whether it can be sent. ☐

Name of Manager (or HR Officer) and correspondence address:

SIGNATURE (Employee) …… Date ……

NAME