

Occupational Health Referral Form

Useful Information

Please ensure you read this before completing the form. Completion of the form may not be required in certain circumstances, as outlined in the following brief guide.

If your employee wishes to self refer to either the Occupational Health Service or the Occupational Physiotherapy service please advise the employee to contact us on extension 43264 (UHW Mon – Fri) or extension 25140 (UHL Mon – Thurs). You can also use these numbers for general Occupational Health & Occupational Physiotherapy advice; this applies to both managers and employees.

If your employee wants to self refer to the Employee Wellbeing Service, please advise them to contact extension 44465.

General Sickness Absence advice for managers and employees is available Mon – Fri, from the HR Team on extension 45700.

Further information and copies of this form are available on the Health & Wellbeing pages on both CAVUHB's intranet and internet web presence.

If you would need any LGBT confidential advice please contact the Rainbow LGBT Fflag Network – information available on intranet page.

Part 1 – Employee Details			
Employee Name		Date of Birth	
Title			
Address			
Post Code		Home Telephone Number	
Work Telephone Number		Mobile Telephone Number	
Part 2 – Job Details			
Employee Job Title		Department	
Primary Location		If other, please specify	
Secondary Location		If other, please specify	
Clinical Board			
Employment Details			
Normal pattern of working	A.	B.	
Please list the three primary activities of the employees substantive role			
01			
02			
03			

Part 3 – Sick Absence details	
Is the member of staff currently sick?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please answer the below questions</i>
What reason is given for the absence?	
When did the sickness absence commence?	
When does the current Fit note expire?	
Proposed/Actual return to work date	
Please indicate current sickness policy stage	
Does the employee think there are equality issues which impact their work or return to work?	
Reason for referral	
Note - Please attach a copy of relevant sickness record	
Part 4 – Reasonable Adjustments	
Have adjustments been made to the job to assist the employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes – please identify what adjustments have already been taken to support the employee	
<input type="checkbox"/> Adjusted duties <input type="checkbox"/> Reduced hours <input type="checkbox"/> Work life balance request granted <input type="checkbox"/> Relocation to an alternative department <input type="checkbox"/> Relocation to an alternative site <input type="checkbox"/> Refrain from shift work <input type="checkbox"/> Refrain from on calls <input type="checkbox"/> Refrain from night duty <input type="checkbox"/> Change to pattern of working <input type="checkbox"/> Home working if available Other - please specify	
Please state how long the adjustments are available for	<input type="checkbox"/> Permanently <input type="checkbox"/> Temporarily for how many weeks?

No - please specify what adjustments may be supported			
<input type="checkbox"/> Reduced hours <input type="checkbox"/> Redeployment – temporary <input type="checkbox"/> Redefined duties <input type="checkbox"/> Phased Return <input type="checkbox"/> Special equipment Other – please specify			
Part 5 – Previous Referral			
Has this person been referred to OH for assessment previously?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Part 6 – Specific Questions			
<input type="checkbox"/> 01. Has the employee accessed appropriate treatment/support to support their health, wellbeing and attendance? <input type="checkbox"/> 02. Is there any additional help or treatment recommended to support the employee? <input type="checkbox"/> 03. What lifestyle adjustments if any are recommended for the employee to support their ongoing health, wellbeing and work attendance? <input type="checkbox"/> 04. Is the employee fit for work in any capacity? If not when is the employee likely to be fit to return to work? <input type="checkbox"/> 05. Is a phased return to work recommended to support the return to work? <input type="checkbox"/> 06. What if any work adjustments may facilitate a return to the substantive role? <input type="checkbox"/> 07. If the substantive role cannot be adjusted sufficiently what temporary alternative duties is the employee fit to undertake safely? <input type="checkbox"/> 08. How long are the work adjustments likely to be required for? <input type="checkbox"/> 09. Are there any additional factors which may delay the employee's return to work? <input type="checkbox"/> 10. Is there an underlying health problem causing this pattern or level of absence? <input type="checkbox"/> 11. If a health problem exists, could it be a disability in terms of the Equality Act 2010? <input type="checkbox"/> 12. If the employee is unlikely to return to their substantive post for health reasons but can work in an alternative role is permanent redeployment recommended? <input type="checkbox"/> 13. If the employee is unlikely to return to their substantive post for health reasons is the employee a candidate for ill health retirement application?			
Part 7 – Managers Details			
Name		Job Title	
Are you the employees Line Manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please specify the reason for you making the referral	
Manager's Email Address <i>please note that only NHS Wales email addresses can be used for sending Occupational Health reports</i>			

Manager Alternate contact details	
Part 8 – Managers Declaration	
<p>I can confirm that the reason for the referral has been discussed with the employee and the employee has agreed to attend to discuss the content of this referral.</p> <p>Please note the content of this document will be discussed with the employee to enable the consultation process to proceed. If the employee has not been informed of the referral purpose, the Occupational Health Service will not be able to proceed with this referral.</p> <p><u>To confirm the above declaration please x this box</u> <input type="checkbox"/></p> <ul style="list-style-type: none"> • This document forms part of the clinical notes and should be treated strictly in medical confidence. • A report will be provided via encrypted email following the appointment only with employee's consent. As the referring manager you will receive an email containing instructions and a password to open the encrypted email. • It is the employee's right to see the Occupational Health report before its release. Please be aware when the employee chooses this option receipt of the Occupational Health report is likely to be delayed by at least 10 days. • Due to the legislative requirements of medical confidentiality the information provided by the Occupational Health Practitioner may be restricted; where this has significantly restricted any feedback this will be indicated in the report. <p>Important : Now send this to the Occupational Health service mail box by first saving and then sending onto the following link: Occupational Health Mailbox</p>	
Manager's Electronic Signature	
Date	

For Occupational Health Use only

Triaged for: Doctor / OHNA / OHN / Physiotherapist

Triaged by:.....

Triaged date:.....