Occupation Health Referral Form

PERSONAL DETAILS			
Name of employee:		Date of Birth:	
Home address:			
Home telephone no:		Mobile telephone no:	

EMPLOYMENT DETAILS			
Job title:			
Department:		Base of work:	
Service in post:		Hours worked:	
Work pattern:	Days / Nights / Shifts		

DETAILS OF SICKNESS ABSENCE TO DATE (over the last 12 months):			
From	To	Total Days absent	Reasons for absence

REFERRAL DETAILS			
Name of manager making the referral:		Date of referral:	
Managers title:		Contact telephone area	
Manager address		Manager email	
Any other information regarding where the report should be sent:			

Reason for referral:	Initial referral for repeated short term absence	□
	Initial referral for long term absence	□
	Concern regarding working with difficulty due to health	□
	Concern regarding long term ability to continue in the role	□
	Concern regarding if there is an underlying cause for pattern of sickness absence or behaviour at work	□
	Concern regarding suspected alcohol or substance abuse	□

Brief outline of job: (please state any physical demands or requirements) or attach job description:

Explanation of referral reason: (please include reasons for absence and please state if there are any aspects of the role which you consider he/she may be experiencing difficulty)

Please confirm whether the injury or illness is attributable to work?	Yes / No
If absence due to accident at work has DATIX been completed?	Yes / No
Do RIDDOR regulations apply?	Yes / No

Are there any specific areas you wish to receive information on or questions you wish to include in this referral?

Is there any information that the employee has previously made available to you that would assist the Occupational Health Department with its assessment? Please attach any further information that you consider relevant to this referral i.e. adjustments made, changes to shift patterns, avoiding night shits etc

Do you consider that this employee may have a disability within the meaning of the Equality Act? Please describe condition and if the condition affects everyday activities.
OPINION REQUESTED FROM OCCUPATIONAL HEALTH SERVICE (Please tick)

Confirmation of diagnosis	

Long Term Sickness Absence Standard Questions	
What is the prognosis regarding return to work?	
How long is any underlying medical condition likely to last and will it be temporary or permanent?	
Is he/she likely to render regular and effective service in the future?	
Is redeployment an option? - If so, are there any specific recommendations/limitations you wish to make that would help us find him/her alternative employment e.g. no lifting?	
Is he/she likely to be on any medication that would affect his/her ability to undertake their full range of duties?	
Is it likely that time off will be required to attend specialist appointments/treatments and if so how often and for how long?	
Is work likely to affect his/her health/injuries or vice versa?	
Are there any implications in relation to the Disability Discrimination Act and if so, please can you advise on any reasonable modifications to the job or working conditions.	
Is Ill Health Retirement appropriate?	

Long Term Sickness Absence	
Prognosis regarding return to work	
If returning to work, likely date	
Suggestions of any alternative post	
Restrictions of future duties, e.g. lifting	
Whether application for ill health retirement is appropriate	
Other (please specify)	

Frequent Short Term Sickness Absence	
Any common underlying cause to be addressed	
Likelihood of overall improvement	
Timescale for improvement	
Prognosis regarding sustained attendance at work	
Other (please specify)	

MANAGER'S SIGNATURE			
I confirm that I have advised the member of staff of the content of this form and the reason for the referral.			
Signed:		Date:	