**Occupational Health Referral Form**

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| **Employee Details** |  |
| **Forename:** | **Surname:** |
| **Address:** | **Tel No’s:**  **Email address:** |
| **Date of Birth:** | |
| **Job Title:** | |
| **Date of sickness absence if applicable:** | |
| **Referring Manager :** | |
| **Manager Email Address for Report :** | |
| **Preferred Assessment : Video, Telephone, Face to Face (Birmingham Clinic):** | |
| **Occupational Health Physician Assessment or Occupational Health Advisor :** | |

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| **Manager Referral:**  **Please include reason for referral, job description and what you know of the employees health condition:** |
| **I certify that the above information is correct and the reason for referral to occupational health has been discussed with the employee**  Signed ..................................................................... (Manager)  Date : |

**The medical report will cover the following points unless otherwise specified:**

• Medical issues and background, in general terms

• Current and planned treatment (with an idea of timescales if appropriate)

• Nature of current functional incapacity

• Current and likely future fitness for work, with timescales if appropriate

• Adjustments/restrictions required (temporary or permanent), including if appropriate obstacles to return to work

• Guidance as to whether the individual is likely to be considered disabled as defined by the Equality Act 2010 (UK)/Irish Human Rights and Equality Commision Act 2014.

*Any other specific questions to be reviewed during the OH assessment - Maximum of 5 questions.*

*Please note, significant additional questions may incur an extended consultation fee.*

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| Additional Questions ? Maximum 5 , Please Write Below |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |