## The Occupational Health Business Ltd

 **Confidential Management Referral to Occupational Health**

Please ensure this form is completed fully to assist the Occupational Health Advisor / OH Physician in providing you with a comprehensive report.

**To make an appointment please email the referral form to:-****jean.fisher@theohbusiness.co.uk**

|  |
| --- |
| Referring Manager Details |
| Name: |  |
| Company |  |
| Tel. No: |  |
| E-mail: |  |
| Position: |  |
| Employee Details |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Job Title: |  |
| Department: |  |
| Location of Post / Site: |  |
| Full Time or Part Time? |  |
| Time in current position: |  |
| Home Telephone: |  |
| Daytime Telephone: |  |
| Sickness Printout included | Yes / No |
| Are there any specific requirements needed to assist in this assessment (i.e. interpreter, advocate) **Yes / No: If yes please specify:** |
| 1. **Please attach copy of job description**
 |
| 1. **Reason for Referral (Please √ as appropriate)**
 |
| Long term sickness absence |  | Recurrent short term sickness absence |  |
| Ill health retirement assessment |  | Concerns for work performance |  |
| Workplace assessment |  | Health surveillance |  |
| Occupational exposure hazard concerns |  | Investigation of workplace illness or injury |  |
| Substance Abuse problems |  |  |  |
| Other (Please specify) |
| **5. Please provide details of current problem (How is this affecting their ability to work?)** |
|  |
| **6. How long has the problem been present?** |  |
| **7. What remedial action have you taken?** |
|  |
| **8. What specific questions do you want answered?** |

**I confirm that the reason for referral has been fully explained to the employee.**

A. Referring Manager

Signature:

Name: Date:

Employee signature (where possible)

I confirm that the referral has been fully explained to me.

Signed: Date:

Name: