## 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**](mailto: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: