**PRIVATE & CONFIDENTIAL**

**Occupational Health Referral Request Form**

**Please complete fully in BLOCK CAPITALS OR UPPER CASE TYPE and return by**

**e-mail to** [**occupationalhealth@uhbristol.nhs.uk**](mailto:occupationalhealth@uhbristol.nhs.uk) **or Fax on 0117 917 0163.**

**Incomplete referrals will be returned to sender for completion, delaying the appointment being offered.**

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| ***Employee Details:*** | | | | |
| Title: | Surname: | | | First names: |
| Previous surnames, including maiden name *(if relevant)*: | | Personal email: | | |
| Home address:  (including postcode) | | | | |
| Date of birth: | | | Gender: | |
| Mobile No: | | | Home telephone No: | |
| Job title: | | | Full time / Part time: | |
| Organisation/Trust: | | | Department: | |
| Work telephone No: | | | Date commenced this employment: | |

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| ***Referral made by:*** | | |
| Name: | Position: | |
| Organisation & Department: | Work address: | |
| Contact telephone No. (work): | Email address (work): | |
| Name and contact details of HR representative if they need a copy of the report:  *Referring Manager – please ensure you inform your HR Manager of this referral - if required by local policy* | | |
| Signature of referring Manager: | | Date: |

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| ***Reason for referral request - to be completed by the referring Manager***  *Please tick indicate “X” in the relevant box below, then give* ***as much information as possible*** *on second page attaching additional sheet(s) if necessary* | | |
| (i) | Long term sickness absence – I should like an opinion regarding the likelihood of recovery or return, adjustments or recommendations (the referring Manager should please provide sickness absence details and the date that absence commenced in the section overleaf). |  |
| (ii) | Persistent short-term sickness absence – I should like an opinion regarding future attendance at work  (the referring Manager should please provide details of the sickness absence record in the section overleaf). |  |
| (iii) | No sick leave – I should like an opinion about a health concern regarding medical fitness to continue at work (the referring Manager should please provide further information in the section overleaf). |  |
| (iv) | Return to work after surgery, illness or accident – I should like an opinion regarding fitness for work  (the referring Manager should please provide sickness absence details and the date that absence commenced in the section overleaf). |  |
| (v) | Ill health retirement – I should like an opinion as to whether medical criteria are met for IHR |  |

*Cont’d overleaf …*

**It is essential that the content of this referral is discussed and agreed with the employee before this form is sent to Occupational Health**

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| ***Additional details****: (Guidance notes available at* [*www.apohs.nhs.uk*](http://www.apohs.nhs.uk)*) Please provide relevant background to the referral - for example*   * *Sickness absence record details over the previous 12 months or longer, if relevant, including reasons given for absence, and the first day of sickness; or attach a copy of the sickness absence record, if it contains reasons for the absences* * *Details of any modifications within the workplace already discussed with the employee* * *List any adjustments in relation to the Equality Act 2010 that you have already identified and which you could reasonably accommodate for this employee* * *Job Specification - give a brief outline of the main activities or requirements of the post, particularly any that you feel are relevant to the referral or attach a copy of the Job Description* * *Include additional sheets if required.* | | |
| Please add further details and state what questions you would like Occupational Health to answer:  Click here to enter text. | | |
| ***To be completed by the Manager***  I confirm that the employee is aware of this referral and has had the opportunity to read this referral form. They understand the reason why they have been referred and they have agreed to attend the Occupational Health Service. | | |
| Referrer’s name (CAPITALS): | | Date: |
| Signed: | | |
| **For further guidance please contact Occupational Health on the telephone number below:** | | |
| ***Whitefriars Centre: 0117 342 3400*** | | |
| ***For OHS use ONLY*:** | | |
| Date referral received: | Date referral triaged: | |
| To be seen by: | Length of appointment: | |
| First appointment date offered: | Actual appointment date booked: | |