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Occupational Health Referral Form

Please complete this form and return to Ask.OH@NuffieldHealth.com
This information will assist Occupational Health to supply you with a detailed report

Have you discussed with the employee and explained the reasons for referral to Occupational Health? Yes / No

Please note: the employee will be asked to give their consent for release of a medical report at the time of their appointment.

Employee Details

Date of Referral:			
Title:		First Name:	
Date of Birth:		Surname:	
Home Address:			
Contact number:			
E-mail address:			
Job Title:			
Hours / Days worked:			
Site / Location:			
Department:			

Please provide below the details of the line manager / HR making this referral. After the appointment and with consent the Occupational Health report will be then sent securely to the email address provided. If you are the line manager and HR also require a copy of the report, please state below.

Name:			
Job Title:			
Site:			
Email Address:			
Telephone:			
Copy of the OH Report required to be sent to HR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HR Liaison Name;			
Email Address;			
Telephone;			

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Reason for Referral

Please tick as applicable, giving relevant supplementary information and use space provided to fully explain your concerns (not all will be applicable, please select only those that apply).

- Frequent short term absence (multiple occasions)
- Short term absence (up to 3 weeks on one occasion)
- Long term sickness and absence (3 weeks or more)
- Assessment for ill health retirement
- Fitness for Work (currently working, but concern that health may be impacting on work performance)
- Accident at Work / Work related injury
- Update on progress since last referral

In order to suitably place this referral with the most appropriate clinician, can you please answer the following. In your opinion which of the statements below most reflects the reason for referral? (Please select only one). NB – Musculoskeletal is defined as conditions affecting the muscles, tendons ligaments, bones or joints which may cause pain and discomfort affecting everyday activity.

- Due to musculoskeletal reasons only
- Due to musculoskeletal reasons and other conditions
- Due to other conditions

Please specify nature of illness/ accident/ absence or any other details of your concerns:

Please provide details of all sickness absence for the last two years, including reasons and date current absence commenced (if applicable) or attach print out of absence record with reasons:

Date Started	Date Finished	Reason

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Please specify any questions that you would like answered

- Is the employee fit or likely to become fit to undertake all aspects of their current role?
- When is the employee expected to return or what is the minimum expected further absence period?
- If the individual is not fully fit, would adjusted duties or temporary redeployment assist their return to work?
- Is there any action the employer could take to reduce frequency/length of absence?
- Is the performance significantly affected by ill health and how long is this likely to continue?
- Is the ill health work related?
- What is your prognosis for recovery?
- Is the employee receiving appropriate treatment?
- Is the employee likely to be capable of regular and efficient service in the future?
- Is the employee fit to attend meetings?
- Is it likely that an employment tribunal would consider this case falls within the scope of the Equality Act 2010?

Please detail any other questions you would like answered below:

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Occupation and Job Requirements

Please attach a job description where available

Summary of Job Requirements

Please indicate the types of activity undertaken by the employee:

ACTIVITY	Per Day or Per Shift <i>(Please Tick)</i>		
	Never	Sometimes	Frequently
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving for work reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with biological agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with skin irritants / sensitizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with respiratory irritants / sensitizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with dangerous machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with machinery that vibrates the hands, arms or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with dust or fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting / carrying (max weight = kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSE / computer Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel - UK or abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work pressure / demanding Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>