



Submitting a Pre-Placement Health Questionnaire

Louise Breen – Operations Manager



Key Contacts

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All queries to be routed through to the Customer Associate Team who will refer appropriately

Welcome to the Client Portal

Click Register

To register please visit <https://portal.healthpartners.uk.com/#/>

User Registration

Please enter your email address and the registration code for your company in order to register for HPOnline.


E-mail:

*

Registration Code:

*

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

[Continue](#)

Please use your work email address – this must be using the domain @nuffieldhealth.com

The registration code is 8NrSMqKB

User Registration

Your account registration has been successful!

In order for us to verify your email address, you will shortly receive an account activation link.

Once your account has been activated you will be able to log into the site.

Dear Jane Doe,

Your account is almost ready. In order to complete the registration, please verify your email address by clicking on the link below:

<https://project16-clientportal.azurewebsites.net/#/verify/6ced9ba6538f47d99f51957b453e206a>

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.

You will then receive a verification email. Please click on the link within the email to complete your registration

User Registration

Please enter a password to use for this site.

Password:	<input type="password" value="Password"/>	*
Confirm Password:	<input type="password" value="Password"/>	*

[Back](#) [Continue](#)

Please select a password, this must be at least 8 characters in length and contain a mix of upper and lower case letters, numbers and symbols.

User Registration

Please enter the following information.

Title:	<input type="text"/>	*
Forename:	<input type="text"/>	*
Surname:	<input type="text"/>	*
Job title:	<input type="text"/>	*
Telephone number:	<input type="text"/>	*
Mobile number:	<input type="text"/>	*
Division:	<input type="text" value="Select a division"/>	*
Location:	<input type="text" value="Please select a <i>division</i> before selecting a location"/>	*
Department:	<input type="text" value="Please select a <i>location</i> before selecting a department"/>	*

[Back](#)

[Register](#)

This information is only requested at your first log in and will be saved. You can amend this at any point once logged in

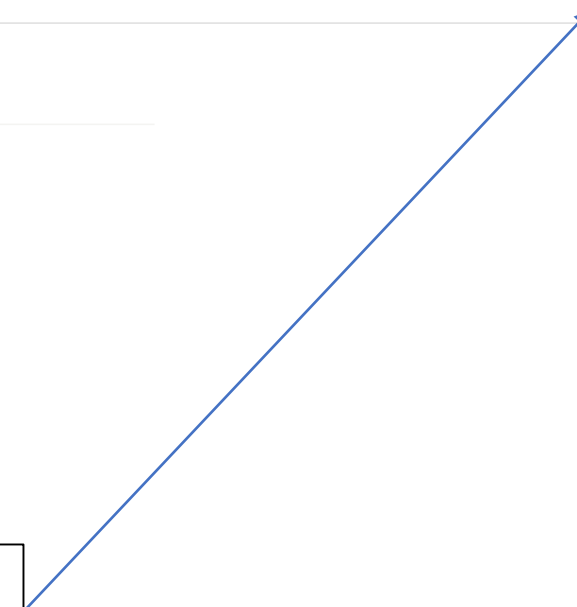
Account Verification

Your account has been successfully verified!

You will shortly be redirected to the login page where you can login and access your account.

If you are not automatically redirected, please click [here](#).

If this does not automatically take you to the Login page, you can click Login in the top right hand corner



Click “Launch” on the Pre-Placement Questionnaire

Client Portal

Building Healthy Business

Recent Notifications

21/05/2018 @ 14:19

A new outcome report has been published for DEMO/WS/18/1

View

21/05/2018 @ 14:14

The 'Management Referral' case for Danielle Thomson has been triaged and assigned a reference of DEMO/WS/18/1.

21/05/2018 @ 14:12

How to Make a Good Referral

making an excellent referral

06:28

vimeo

Library and Information

Your Guide to Consent and Medical Ethics

Your OH Referral Guide

Your Data Protection, Privacy and Subject Access Rights

Forms

Referral

Management Referral

Launch

Referral

Workstation Assessment

Launch

Referral

IHR Referral

Launch

Screening

Pre-Placement Questionnaire

Launch

Screening

Night Worker/ Working Time Directive Form

Launch

Screening

DWFRS Night Worker Form

Launch

Partially Completed Forms

Created	Form	Action
No records to display		

Case Tracking

Select a Column

Search term

Search

Reset

	Case Reference	Name	Submitted	Status	Outcome Documents	Referrer	HR Referrer	
▶	Not Assigned	Jones, David	21/05/2018 14:27	Waiting to be triaged		Doe, Jane (me)		
▶	DEMO/WS/18/1	Thomson, Danielle	21/05/2018 14:14	Closed	View	Doe, Jane (me)		
▶	DEMO/MR/18/13	Payne, Robert	21/05/2018 14:11	Report Pending		Doe, Jane (me)		
▶	DEMO/MR/18/12	Blunt, Emily	21/05/2018 14:08	Triaged		Doe, Jane (me)		
▶	Not Assigned	Smith, John		Form not complete (employee)		Doe, Jane (me)		

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5 total records.

Pre-Placement Questionnaire

Pre-Placement Questionnaire

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This questionnaire should initially be completed by the Human Resources Department. The form is confidential on completion by the colleague and will form part of their occupational health record.

Save

Next

Pre-Placement Questionnaire

Colleague's Details

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Title



Forename



Surname



Date of Birth



Job Title



Division



Location



Full or part time

☐ Full Time ☐ Part Time



Home Telephone



Work Telephone



Mobile



Email Address



Address Line1



Address Line2



Address Line3

County

Postcode



Back

Save

Next

You will now need to complete the colleagues details - It's important the email address provided here will be the one used by the employee to register to the online portal and complete the questionnaire

Select as many as apply from the following list:

- ☐ Computer or DSE work
- ☐ Prolonged sitting
- ☐ Prolonged standing
- ☐ Prolonged telephone work
- ☐ Repetitive tasks
- ☐ Target driven or pressurised environment
- ☐ Lone working
- ☐ Working nights
- ☐ Working shifts
- ☐ Vocational driving
- ☐ Driving LGVs/PSVs
- ☐ Lifting or carrying heavy items
- ☐ Working with chemicals
- ☐ Working with biological agents/laboratory work
- ☐ Working with skin irritants/sensitisers
- ☐ Working with food/food handling
- ☐ Working with or in the vicinity of children or vulnerable adults
- ☐ Working as a healthcare worker, housekeeper or porter in a hospital
- ☐ Working as an Ancillary worker in a hospital setting with minimal patient contact or as a Nursery nurse
- ☐ Exposure to hazards to unborn child/pregnancy
- ☐ Working as a Lifeguard
- ☐ Undertaking exposure prone procedures (scrub work in hospitals)
- ☐ Other

It's vital that the relevant risks are selected as this drives the questions that are asked of the employee

Click complete once all risks have been ticked and checked (this will appear at the bottom of the screen)

Pre-Placement Questionnaire

Form Successfully Submitted!

Your form has been successfully submitted and will be processed shortly.
You will be automatically re-directed in 5 seconds, if you are not redirected automatically, please [click here](#).

Case Tracking

Expand

Select a Column

▼

Search term

Search

Reset

Export

	Case Reference	Name	Submitted	Status	Outcome Documents	Sharing	Referrer	HR Referrer	
▶	Not Assigned	Deeks, Natalie		Form not complete (employee)		0↻	Portal, Example (me)		<div><div>✉</div><div>🗑</div><div>➡</div></div>

The form will now appear in your dashboard home page under Case Tracking

The Employee Portal

Step 1

This is what the colleague will receive within moments of you submitting the questionnaire, enabling them to register and log in to complete their part



noreply@duradiamondhealth.com

Occupational Health - Account Registration Required

Dear Mark Stock,

Further to your recent referral to the Occupational Health Service, a screening questionnaire has been started which requires your input to complete.

Please copy and paste the link below into a web browser where you can create an account in our employee portal and complete the remainder of the screening questionnaire.

<https://project16-employeeportal.azurewebsites.net/#!/signup/k8k6lcoVQmRAKnggTWCQRheXySEqHVWALtwdd9r8spdNzpazGew%2FNj0N6Yi2rsWLCsXuUIHm3vy85igUICoGyw%3D%3D>

Please note, that any information you provide is returned directly to the Occupational Health service and not your employer. The Occupational Health service will only ever release summarised medical information to your employer, or future employer if you are going through pre-placement screening, with your consent.

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.


Step 2

User Registration

Please enter your email address and date of birth to begin the account registration process

Email Address:

Date of Birth:



Continue

The colleague needs to use the email address you provided in the first section of the questionnaire and ensure the correct date of birth is inputted

Step 3

User Registration

Please enter a password that you will use to log into this site.

Password:

Confirm Password:

Back

Continue

Step 4

Account Information

Please enter the following information.

Title:

Forename:

Surname:

Back

Register

Step 5

Your account registration has been successful!

In order for us to verify your email address, you will shortly receive an account activation link.

Once your account has been activated you will be able to log into the site.

Step 6

Occupational Health - Verify Your Email Address

Dear N Deeks,

Your account is almost ready. In order to complete the registration, please verify your email address by clicking on the link below:

<https://project16-employeeportal.azurewebsites.net/#/verify/4c0a4fad9ded4bf5a6573704355a19f5>

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.

Like your own log in,
the colleague will have
to verify their email
address before they
are fully registered

Employee Portal

Building Healthy Business

Employee needs to
click “Open” to launch
the questionnaire

Notifications

21/05/2018 @ 14:45

A new screening questionnaire has been started which requires your input to complete.

Open

Appointment Details

No appointments

Outcome Documents

No Outcomes

Information About Your Assessment

Referrals - What to Expect Next

your referral
and what to expect

▶

03:15

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Guides and Information

📖 Your Guide to Consent and Medical Ethics

📖 Your OH Referral Guide

📖 Your Data Protection, Privacy and Subject Access Rights

Step 7

Pre-Placement Questionnaire

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The purpose of this questionnaire is to establish if you have any health conditions or issues that could affect your ability to undertake the duties of the new role you have been offered, or place you at any risk in the new workplace.

An outcome of the assessment of this questionnaire may be that the OH Service recommend adjustments or modifications to your new role or your working environment to enable you to do the job. We may also need to gain further evidence by undertaking an assessment or by contacting your GP and/or Treating Specialist. We will only do these with your consent.

The OH Service will treat the information you give us as confidential and we confirm it will not be shared without your consent.

Please be aware that at the end of this form you will be asked to declare that all the statements you make are true to the best of your knowledge.

Save

Next

Step 8

Pre-Placement Questionnaire

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Recent Employment History

Employer

From

dd/mm/yyyy

To

dd/mm/yyyy

Location

Job Title/Role

Add

Employer	From	To	Location	Job Title/Role	
No records to display					

Back

Save

Next

Pre-Placement Questionnaire

Health Questions3 / 4

Please answer the questions below. If you tick yes to any question except the first, please give details in the additional information box.

Are you currently in good health? ☐ No ☐ Yes *

Do you have any illness, impairment or disability which may affect your ability to undertake the new role? This would include physical or psychological conditions including learning disorders, such as dyslexia or dyspraxia. ☐ Yes ☐ No *

Have you ever had any illness, impairment or disability which may have been caused or made worse by your work? ☒ Yes ☐ No *

Please provide additional information *

Are you taking any medication or undertaking, or waiting for, any treatment or investigations at present? If yes, please give details of the condition, medication and/or treatment and dates below ☐ Yes ☐ No *

Do you think you may need any adjustments or assistance to help you to undertake the new role? ☐ Yes ☐ No *

Please use the box to give details of any other health conditions that you are suffering from, or have suffered from in the past.

Are there any dates that you cannot attend an assessment, if one is required?

BackSaveNext

Step 10

All declarations need to be ticked to allow the form to be submitted to Health Partners

Pre-Placement Questionnaire

Declaration

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☐ I declare that all foregoing statements are true to the best of my knowledge. I further declare that I have not omitted or falsified any material facts or details, which could have a bearing on the assessment.

☐ I understand that I may be required to attend a medical consultation and/or undergo a physical examination, subject to further consent.

☐ I understand that although this form will be treated in medical confidence, further medical information may be requested from my Doctor or Treating Specialist, if considered necessary, subject to further consent.

☐ I consent to the results of the assessment to be processed and a fitness certificate provided to my new employer.

☐ I consent for the OH Service to process my personal information, as defined by the current data protection legislation.

Back

Save

Complete

Step 11

Notifications

21/02/2020 @ 14:28

You have successfully completed the Screening Questionnaire, it's now with our clinical team for review.

.....

21/02/2020 @ 14:28

A new screening questionnaire has been started which requires your input to complete.

[Open](#)

.....

You will be notified once the questionnaire has been assessed and be able to view the outcome document here

Client Portal

Building Healthy Business

Recent Notifications

21/05/2018 @ 14:19

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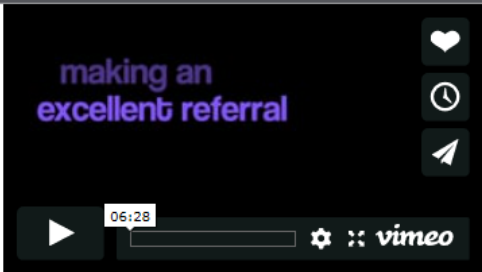
View

21/05/2018 @ 14:14

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21/05/2018 @ 14:12

How to Make a Good Referral



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