

Referral to Occupational Health

Client:	Contact:
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Personal Information

Name:	Date of Birth:	
Address:		
		Postcode:
Home Tel:	Mobile Tel:	Work Tel:
Position:	Dept:	Staff No:

Referral Details

Reason for referral: i.e. Long term absence, short term absence

Comments: i.e. Reason for absence as appears on GP certificate.

What outcome or information do you require from the Occupational Health department: i.e. opinion on fitness for work, advice with regard to; Adjustments / accommodations, phased return to work following absence, re-deployment.

What action has already been taken to support the Employee:

Referring Manager

I confirm that this referral has been fully discussed with the Employee and that they understand the reason for this referral. They have seen the completed referral form and all documents that I will be submitting with the referral.

Signed:	Date:
Name:	Position:
Contact Number:	Email address:

Please obtain the consent of the referred employee in the following section and then forward this form via email to your Clinical Administrator or post, with attached absence history, to Occupational Health Matters Limited, Aske Stables, Aske, Richmond, North Yorkshire DL10 5HG and send a copy to the referred individual.

Referred Employee

The reason for my referral to the Occupational Health Service (as detailed overleaf) has been explained to me; I understand why I am being referred and what occupational health advice has been asked for. I understand that this advice is jointly for me and my manager.

I agree that this referral can now be sent to the Occupational Health Service so that an appointment can be arranged for me to attend an occupational health consultation.

I agree that once my consultation has taken place a report confirming the advice of the Occupational Health Service will be written and released. I understand that any medical detail disclosed in their report will be limited to that already included within any referral documentation, or that I agree in my consultation may be included.

I understand that once completed, the report will be posted to me and my manager at the same time and that my manager will arrange to discuss the report with me once it has been received. If I do not want a report sent to my home at all, or if I want my copy to be sent out to me before the copy going to my Manager/HR, then I understand that I can ask for this at my consultation.

I understand that in addition to Occupational Health Matters Limited the Occupational Health Service is made up of the following organisation(s):

Dr. Alex Calabro M.D.

The occupational health advice and support provided to me and my manager following this referral may involve any part of the Occupational Health Service as necessary, to provide the best advice possible in my case.

Signed:	Date:
Name:	Position:
Contact Number:	Email address: