|  |  |
| --- | --- |
| **Name of Referrer:** |  |
| **Designation/Dept/Address:** |  |
| **Telephone Number** |  |
| **Email:** |  |
| **Report to be sent back to?** |  |

|  |  |
| --- | --- |
| **Name of Employee:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Telephone Number: (mob, home, work)****(Suitable times to ring)** |  |

**Job Role**

|  |  |
| --- | --- |
| **Job Title:** |  |
| **Department / Location:** |  |
| **Work pattern:**  |  |
| **Driving activity (required as part of employment):** |  |

**Reason for referral – please tick/highlight the most relevant reason (s):**

**Please give clear details below of the reasons for this referral.**

|  |  |
| --- | --- |
| **Frequent short term sickness absence** |  |
| **Long term sickness absence** |  |
| **Advice about return to work after illness, injury, or surgery** |  |
| **Concern about health in relation to a staff member’s ability to carry out their role and advice on whether any potential adjustments should be considered** |  |
| **An accident at work that has caused absence and is likely to cause a significant absence.** |  |
| **Other – please describe below any additional information** |  |
| **Additional information - please include relevant supporting information e.g. absence history, concerns about ability to perform role, behaviour concerns, details of any support or adjustments already in place** |
|  |

**Specific questions for the OHA/OHP to answer – please identify which questions you would like answered**

|  |  |
| --- | --- |
| **1. Is there an underlying medical condition?** |  |
| **2. Is he/she fit to undertake their duties?** |  |
| **3. When will he/she be fit to undertake their duties?** |  |
| **4. Is he/she likely to give reliable and effective service/attendance in the future?**  |  |
| **5. Are the provisions of the Equality Act 2010 likely to apply?** |  |
| **6. Are there any adjustment/modifications, or any other support that you can recommend?** |  |
| **7. Do you recommend redeployment?** |  |
| **8. Do you recommend Ill-health Retirement (IHR)?** |  |
| **Other questions: (You may ask another 2 additional questions)** |
|  |

**Consent and Data Sharing**

**EMPLOYEE**

**I have read and understand the comments made in this referral. I understand the purpose of being referred to Occupational Health and will attend.**

|  |  |
| --- | --- |
| Signature of Referee:  | Date: |

**If the employee has not been informed of the referral purpose, the assessment will not be able to proceed.** This document forms part of the clinical notes and is treated in medical confidence. The content of this document will be discussed with the employee to enable the consultation process to proceed. Employee consent is required prior to feedback being given. With the employee’s consent and following the appointment, Occupational Health will send a report to the employer.

This may be copied to the Human Resources Adviser/Manager as specified above and a copy will be sent to the employee if they elect to see the report either before or when it is supplied. When an employee has informed Occupational Health of a requirement for a copy of the report before it is sent to HR/Mgr., there may be a delay before the report can be issued. Due to legislative requirement of medical confidentiality the Occupational Health Adviser/Physician may be restricted in the information provided; where this has significantly restricted any feedback, this may be indicated in the report.

|  |  |
| --- | --- |
| I have read the statement above and confirm I have discussed the content of this referral form with the member of staff who understands the reason for referral and has agreed to share their personal information with Occupational Health | Yes / No |
|  |  |
| Does the Employee understand that the outcome report may be shared with Human Resources where additional advice is required to manage their case effectively?  | Yes / No |

**The completed form should be emailed to** **admin@adesso-oh.co.uk**

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