



The Occupational Health Business. Confidential Management Referral.

Please complete this referral with your employee and discuss why you are referring them to occupational health. OH reports provide management with recommendations on reasonable adjustments to support employees at work. **We do not require consent to write to the GP.** A copy of the report will automatically be sent to the employee.

An email confirming fee and appointment details will be sent to you on receipt of this referral. To make an appointment please email the referral form to: jean.fisher@theohbusiness.co.uk or Call 07864006850

1. Referring Manager Details:	
Name:	
Tel. No:	
Company:	
Email:	
2. Employee Details:	
Name:	
Address:	
D.O.B:	
Job Title: Full/PT	
Contact Number:	
Time in current position:	

Sickness Printout if Available	
<p>3. If you are worried about your employee's physical well-being, describe this here. This should include a description of any physical disabilities, inability to undertake certain duties/activities and details of any injury sustained and whether they are home or work related etc</p> <p>4. If you are worried about your employee's psychological/mental well-being, you should provide specific details of the issues causing concern. These should include a description of any inappropriate behaviour, alterations in behaviour, problems between the employee and colleagues and/or any known psychiatric ill health.</p> <p>5. What action has been taken to try and accommodate your employee's health problems? Include details of any meetings, risk assessments, re-deployment, alterations, adjustments, attendance etc.</p>	
The following questions will be answered in your Occupational Health report.	
1.	Is there a medical condition present?
2.	Are there any work related aspects to the medical condition?
3.	Likely date of return to work?
4.	Is this case covered by disability legislation and if so, what adjustments should be considered?
5.	Is the employee likely to render reliable service and attendance into the future?
6.	Is performance significantly affected by ill health and for how long is this likely to continue?
9.	Any Additional Questions?

A. Referring Manager

Signed:

Name:

B. Employee: I confirm that the referral has been fully explained to me.

Signed: *

Name:

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