

## Valentine Occupational Health Limited Management Referral Form

This form should be completed when submitting a management referral to Occupational Health. This form will be used as the basis of the discussion between the Occupational Health Clinician and the individual employee, therefore please ensure all relevant sections of this form are completed as fully and accurately as possible. *Incomplete or inappropriate referrals will be returned with appropriate advice. Please refer to our 'Guidance for OH Assessment Form' for assistance.* 

## **Basic Details of Individual Being Referred**

Employee Name (Print Full Name)		
Title		
Job Title/ Role		
Date of Birth		
Area / Site Full Address		
Employer		
Contracted Hours		
Details of Shift Pattern		
(where applicable)		
Telephone Number (Home)		
Telephone Number (Mobile)		
Contact Address Details		
Email Address		
Usual hours of work		
Work pattern Full-time	Part-time Job share	
Overtime None Occasional Regular On-Call		
Overview of role: Please indicate main tasks/responsibilities to include identified risks and hazards i.e. moving and handling.		
(Please enclose a Job Description)		

## **Job Demands**

Please tick **all** relevant boxes

Physical demands	Environmental demands	Work location	Other demands		
Regular/ frequent exponent exponents   Standing   Lifting or carrying   Computer work   Operating Equip   Driving   Sedentary	Noise Dust or fumes Chemicals Biological hazards Work at heights Work in confined spaces Fieldwork Travel abroad Heat Cold	Office Outdoors Offsite Mobile at site Other	Management of staff Psychological stressors Other		
<b>Current Absence Peri</b>	od (If applicable)				
(To be completed wh	nere individual is absent fro	om work at point of	completing referral). (If		
employee is still in role Absence Start Date	e please state).				
Absence start bute					
Reason for absence					
<b>Overview of Absence</b>	Record				
•	s of the employees' absenc	e in the preceding 1	2 month rolling period		
including dates of abse	ence and reasons.				
Absence Procedure					
	t stage of the sickness absenc	e management proces	s the employee is at and		
Please indicate at what stage of the sickness absence management process the employee is at and if at the final stage, when is the final review meeting?					
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<u>Reasons for Referral</u> – Please select the reason(s) for referral below			
	Long term sickness absence – usually defined as continuous absence of 4 weeks or more.		
 formu	Recurring short term absences – based on episodes and their frequency e.g. Bradford ıla.		
 a heal	Concerns over work performance – poor or reduced performance levels where there may be lth problem.		
likely	Investigation of work-related illness/injury – assessment of whether a health problem is to be work-related or not.		
affect	Substance abuse concerns – assessment of suspected or admitted to substance abuse ing work.		
	III-Health Retirement assessment – whether the scheme ill health retirement criteria are met.		
 medic	An employee is about to be transferred to another job or is about to be promoted and a cal assessment is required.		
	Assess an employee for fitness to attend a disciplinary meeting or other formal meeting		
	Other Health concerns, please detail below		
Employee Assistance Programme  Does the employee have access to an EAP service provided by the employer? YES/NO  Questions below for Occupational Health Practitioner to advise/provide guidance on within subsequent report (Please tick questions you would like responses on):			
	Is there an ongoing/underlying medical condition?		
	Is the condition likely to improve/deteriorate?		
	Is the condition work related?		
	Is the Equality Act (disability) 2010 likely to apply?		

	Are there any recommended 'reasonable adjustments' that me consider under the Equality Act 2010 (Disability)?	nanagement are advised to
	rific Questions/Supportive comments: up additional questions at 5, 10 including the 5 above)	
	<u>ring manager has confirmed that:</u> have discussed the reasons for the referral with the emplo	vee
•	have discussed possible outcomes.	yee.
The e	mployee has agreed to attend an OH Assessment (by telep	phone or in person).
	I confirm I have discussed this referral with the individu	al and they have given verbal
or written consent to take part in an OH consultation. I am aware that this information will be shared with the individual during OH appointments and will form the basis of the consultation.		
Emplo	oyee Signature	Date
Mana	ger/HR Signature	Date

Line Managers Name	
Line Managers Telephone Number	
Line Managers Email Address	
Name of HR Representative	
Contact number for HR	
Date of Referral	

Perfectly crafted
Occupational
Health

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