



**The Occupational Health Business Ltd**  
**Confidential Management Referral to Occupational Health**

Please ensure this form is completed fully and discussed with your employee to assist the Occupational Health Advisor in providing you with a comprehensive report.

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](mailto:jean.fisher@theohbusiness.co.uk) or Call 01443262219/07864006850

<b>1. Referring Manager Details</b>			
Name:			
Tel. No:			
Company:			
Email:			
<b>2. Employee Details</b>			
Name:			
Address:			
D.O.B:			
Job Title: Full/PT			
Contact Number			
Time in current position:			
Sickness Printout:	Yes / No		
<b>3. Please attach copy of job description</b>			
<b>4. Reason for Referral (Please x as appropriate)</b>			
Long term sickness absence		Recurrent short-term sickness absence	
Workplace assessment		Health surveillance	
<b>5. Please provide details of current problem (How is this affecting their ability to work?)</b>			
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.			

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.

What action has been taken to try and accommodate your employee's health problems? Include details of any risk assessments, re-deployment, alterations, adjustments, attendance etc

**8. What specific questions do you want answered? Select with x**

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.	Do any temporary or permanent restrictions apply and for how long?
5.	Is the employee likely to render reliable service and attendance into the future?
6.	Is this case covered by disability legislation and if so, what adjustments should be considered?
7.	Is performance significantly affected by ill health and for how long is this likely to continue?
8.	Is the employee fit to continue in their current post?
9.	Is ill health retirement relevant?

**A. Referring Manager**

Signed:

Name:

Date:

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

Signed:

Name:

Date:

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[www.theohbusiness.co.uk](http://www.theohbusiness.co.uk) Company number 7575726