



## MANAGEMENT REFERRAL FORM

### Request for Occupational Health Advice

#### STRICTLY PRIVATE & CONFIDENTIAL

Section 1	Please complete Section 1 fully to include work location, work extension and contact details including mobile telephone where applicable.
Section 2	Please complete Section 2 fully including the Human Resources representative to be copied into any correspondence. Ensure confirmation of the home address, and contact details where appropriate for both the referring manager and employee.
Section 3	Please tick relevant boxes to indicate your reason for referral giving details of any further information which you feel may be useful in helping the OH Specialist to reach a conclusion.
Section 4	Please give details of the person's job role, and attach a job description with the completed Management Referral document.
Section 5	Please complete absence details and where possible give all dates of absence with reasons given for absence.
Section 6	Please indicate what advice is being sought by this referral by indicating your specific request for information. There is space to provide details of any additional information which you may feel relevant and/or helpful to the Management Referral if required.
Section 7	Please confirm you have read the purpose and process statement of the referral and indicate that you have discussed the purpose for the referral, content of the form with the employee, the principle being that there are no surprises for the employee by way of this process.



### **GUIDANCE NOTES for completion of – Management Referral Form**

Please read these notes prior to completion. This form is to be discussed with the individual being referred and **must be completed** by the referring manager. (Poorly completed forms may have to be returned to the referring manager, delaying the process).

### **H&B Medical Occupational Health - Management Referral Form**

<b>SECTION 1</b>	<b>DETAILS OF THE PERSON MAKING THE REFERRAL</b>
Date of referral:  Name:  Position:  Contact tel no:  Mobile:  Work address:  Email address:  Signature:  Date of referral:	

SECTION 2	DETAILS OF EMPLOYEE BEING REFERRED:
Full name:  Title:  Date of birth: (mandatory)  Staff ID no: (mandatory)	
Home address:  Postcode:  Contact tel. no:  Mobile:	
Job title:  School/Institute:  Location:  Work e-mail:  Work tel no:  Date of appt. to present post:	
<b>Please indicate the Manager and HR contact: both will receive a copy of the Occupational Health report (unless indicated otherwise).</b>	
Manager/Supervisor:  HR Manager/Adviser:	

<b>SECTION 3</b>		<b>REFERRING MANAGER/HR</b>	
		<b>Please tick the boxes below as appropriate to indicate the reason for referral</b>	✓
1.	Concern about frequent short term sickness absence.		
2.	Concern about long and continuous period(s) of absence.		
3.	Advice about return to work after long term illness, injury or surgery.		
4.	Concern about health in relation to a staff member's ability to carry out their role.		
5.	The member of staff has declared that they have a medical problem; advice is required about the affect of this on ability to work.		
6.	Concern that a member of staff may have an infectious or contagious disease.		
7.	Advice regarding information given in a 'fit note' and how to interpret this.		
8.	The member of staff has developed or disclosed a disability; advice is required about the effects of the disability and potential adjustments in relation to the condition.		
9.	Following an accident at work that has caused, or is likely to cause, a significant absence.		
10.	Other – please describe below in additional information		

**REASON FOR REFERRAL– Additional Information.**

Please include any information which you feel may assist the Occupational Health Unit in making an assessment of the case, along with any relevant documentation.

<b>SECTION 4</b>	<b>EMPLOYMENT DETAILS FOR THE EMPLOYEE BEING REFERRED – information regarding work undertaken</b>
<b>Work pattern: (Details of shift)</b>	
<b>Hours of work:</b>	
<b>Driving activity required as part of employment:</b>	HGV/Car/Other/None

**Please include information about any significant aspects of the job which the Occupational Health Adviser or Physician should be aware of. (complete as attachment if required)**

<b>SECTION 5</b>		<b>PREVIOUS ABSENCE - (include last 24 months approx.), indicating dates, reasons, self-certified or fit note. (attach a sickness absence summary from oracle if available/appropriate)</b>				
Absence details attached?		<b>Y e s</b>		<b>No</b>		<i>If not please complete the table below or on a separate sheet</i>
<b>From:</b>	<b>To:</b>	<b>Reason given:</b>				
<b>CURRENT Absence details</b>						
Please describe the pattern and any other useful information including Bradford Score if available						
<b>Is employee currently absent?</b>			<b>Yes</b>		<b>No</b>	
Fit Note/Medical Certificate:			<b>Yes</b>		<b>No</b>	
Reason given for current absence:						
<b><u>If applicable please note any details for return to work as given on the fit note (note below)</u></b>						

<b>SECTION 6</b>		<b>PLEASE INDICATE THE ADVICE BEING REQUESTED BY REFERRING MANAGER FROM OHU</b>  (Please tick as appropriate)	✓
1.	Is there an underlying health problem causing this pattern or level of absence?		
2.	If a health problem exists, could it be a disability in terms of Disability or Equality legislation?		
3.	Is there any additional help or treatment that might be recommended?		
4.	Where the employee is off work, if possible please indicate timescales of when the employee is likely to return to work?		
5.	Whether at work or not what is the employee's current state of fitness for work?		
6.	Are there any modifications to work, which are likely to alleviate the health condition or facilitate workplace rehabilitation?		
7.	Is there a need to seek a significant alteration to work or alternative to the current post? If yes, please offer any specific occupational health recommendation to assist this.		
8.	Is there any likelihood that the work environment may be contributing to reduced performance or sickness absence?		
9.	Will this person be able to contribute fully within their post either; when at work, upon and following return to work, or at any stage in the future?		
10.	The employee is part of a pension scheme and has enquired re retirement on health grounds. Please give relevant advice to them and to management.		
<p><b>Additional Information or questions</b></p> <p>Please specify any other advice that may be required – (continue on a separate sheet if necessary)</p>			



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<b>SECTION 7</b>	<b>REFERRAL PURPOSE/PROCESS - CONFIRMATION</b>
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**If the employee has not been informed of the referral purpose, H&B Medical will not be able to proceed with this referral.**

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, H&B Occupational Health will send a report to the referring manager. This may be copied to the Human Resources Adviser 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 H&B Occupational Health of a requirement for a copy of the report, 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.**

Manager's Signature:		Date:	
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**When completed please check the following;**

REFERRAL CHECKLIST	Please tick	YES	NO
I enclose:	The person's job description. If none available, please attach a summary of duties and responsibilities.		
	Accident report (if relevant)		
	Any other relevant documents		
Referral initiated by:	Line manager		
	Human resource adviser		
	Other (please specify)		
<b>A copy of this referral has been sent to the HR adviser</b>			

**Please send the completed referral form electronically to [office@hbmedical.co.uk](mailto:office@hbmedical.co.uk)  
Or send by mail to:**

**H&B Medical (Occupational Health)  
The Surgery  
Front Road  
Woodchurch  
Ashford  
Kent, TN26 3SF**

**N.B.** If there is more than one contract of employment – please include what and where this second employment is.  
**Please attach any other relevant information**