

Occupational Health Referral

Record the reason for referral, role demands and any adjustments needed. Keep a consistent trail from concern through to outcome.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Employee Details

1 Employee name

2 Job title / role

3 Department

4 Employee contact number

5 Employee email address

6 Date of birth

7 Start date with company

8 Normal working hours / pattern

Referring Manager Details

9 Referring manager name

10 Manager job title

11 Manager contact number

12 Manager email address

13 Date of referral

Absence and Attendance

14 Is the employee currently absent from work?

Yes

No

N/A

15 Date absence started

16 Total days absent (this episode)

17 Number of absence episodes in the last 12 months

18 Brief summary of absence history

19 Has a return to work interview been conducted?

Yes

No

N/A

Reason for Referral

20 Primary reason for referral

- Sickness absence Fitness for role Workplace adjustment Health surveillance
 Management concern Other

21 Description of the issue or concern

22 How is the condition affecting the employee's ability to do their job?

23 Are there any specific tasks the employee is struggling with?

24 Has the employee raised any health concerns themselves?

- Yes No N/A

25 Details of concerns raised by the employee

Medical and Health Information

26 Does the employee have any known medical conditions relevant to this referral?

Yes

No

N/A

27 Details of known conditions (if disclosed by the employee)

28 Is the employee currently receiving medical treatment?

Yes

No

N/A

29 Details of treatment

30 Has the employee had any workplace injuries related to this referral?

Yes

No

N/A

31 Details of workplace injuries

Adjustments and Support

32 Have any workplace adjustments already been made?

Yes

No

N/A

33 Details of adjustments made

34 Has the employee been offered any support (e.g. EAP, counselling)?

Yes

No

N/A

35 Details of support offered

Questions for Occupational Health

36 Is the employee fit to carry out their current role?

Yes

No

N/A

37 Are there any underlying medical conditions contributing to absence?

Yes

No

N/A

38 What adjustments or restrictions would you recommend?

39 Is the condition likely to be covered under the Equality Act 2010?

Yes

No

N/A

40 What is the expected timeline for recovery or return to work?

41 Are there any follow-up reviews recommended?

Yes

No

N/A

42 Any additional questions for the OH advisor

Consent and Sign-off

43 Employee has given consent for this referral

Yes

No

N/A

44 Date consent was given

45 Employee signature

Signature

46 Referring manager signature

Signature

47 Additional notes
