**MANAGEMENT REFERRAL FORM**

**Please complete the form by typing directly onto the form. Please do not hand write. Please email the completed form to** [**Kate@dbocchealth.com**](mailto:Kate@dbocchealth.com) **in either a Word or PDF format. We are unable to accept handwritten copies or photos of the management referral form.**

**Personal Information regarding the person that you are referring to Occupational Health.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Date of Birth:** |
| **Home Address:** | | | |
| **Home Tel:** | | **Mobile Tel:** | **Work Tel:** |
| **Company:** | | | |
| **Job Title:** |  | | |

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| **Please tick those for which information is required. The OH Advisor will address each of the areas indicated during the consultation.**  **☐ Assessment of medical capability to continue in present role**  **☐ Review/update regarding on-going health issues and impact on work**  **☐ Recommendations on any adjustments in the workplace**  **☐ Advice regarding the Equality Act 2010** |

**Reasons why you are referring the employee to Occupational Health:**

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| --- | --- | --- |
| **Is the employee currently absent from work? Yes / No** | | |
| **First date of absence:** | **Last date of absence:** | |
| **Information relating to referral:** *please give brief reasons for the referral and reference any information pertinent to the employee’s medical or domestic situation or absence history that has already been made known to you.* | |  |
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| **What action has already been taken to support the employee?** | |  |
| **During the Occupational Health consultation, David Barber, will ask the following questions. Should you wish David to ask any specific questions, please add them to this section.**   1. Is there an underlying medical reason for this absence? 2. Is the individual receiving / has received adequate support from the Company for their underlying condition? 3. Is the individual medically fit / capable of managing their normal role / duties? (If no, what are their capabilities?) 4. What accommodations / adjustments (adaptations, modifications, or reasonable adjustments) are recommended to facilitate a reduction in absence levels? 5. Are these accommodations likely to be temporary or permanent? (If temporary, what are the timescales?) 6. When will the above provisions need to be in place by? 7. Is the condition likely to recur and (if applicable) is further absence likely? 8. Is the co-worker medically fit and able to continue in their current role? 9. Are you aware of any social, welfare or work issues affecting their attendance or performance? 10. Is a further review by Occupational Health required? If so, approximately when? (Please specify if the individual is discharged, and why, or not). | |  |

**Consent Form:**

**Persons Responsible for the Management of this Case**

* **I confirm that this referral has been fully discussed with the employee either directly via telephone or formal consultation and that they understand the reason for this referral: Form completed by referring manager:**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** | **Position:** |
| **Contact Number:** | **E-Mail Address:** |

**Employee:**

|  |  |
| --- | --- |
| **I confirm that this referral has been fully discussed with me and I consent to attending occupational health and that a report will be sent to my manager and HR.** | |
| **Signed:** | **Date:** |

**Please note that consultations will not be carried out unless the referral has been discussed in full with the employee. The employee must sign the above consent form to confirm that they are happy to be referred to Occupational Health.**