ROSEBANK Private Medical Services
Occupational Health Referral

Referring Manager

Name:	Company:
Address:	Date of referral:
	Email:
	Telephone:
	Mobile:
Report to be sent by? Post ☐ Email ☐	

Employee Details

Title:	Surname:	Forenames:
Position:		Male ☐ Female ☐

Address:	Date of Birth:
	Email:
	Telephone - Home:
	Telephone - Mobile:
	Telephone - Work:
Due to the new GDPR regulations, you must have the employees consent to share this information with us. Has the employee been informed of the referral? Yes ☐ No ☐	
Preferred person and method of contact for booking an appointment (i.e. employee direct by mobile)?	

Reason for referral (please tick one or more)

☐ Absence Review – Recurrent Illness	☐ Workplace Assessment
☐ Absence Review – Long Term Sickness	☐ Concern for workplace fitness
☐ Ill Health Retirement Advice	☐ Suspected workplace injury or illness
☐ Advice regarding disabilities	☐ Concern regarding hazards at work
Please give a brief description regarding the reason for referral:	

What questions do you need answered?

Please tick as many options that apply below	
1. Is the employee currently fit for work?	☐
2. What is the diagnosis and how does it affect the employee's fitness for work?	☐
3. When might the employee reasonably be expected to regain fitness for work?	☐
4. Is the condition likely to continue, and to affect the employee's fitness for work, in the long term?	☐
5. Does the illness represent disability? And is it likely to come under the scope of the Equality Act 2010?	☐
6. Please detail any suitable reasonable adjustments to the workplace or working patterns which might be needed in order to facilitate a return to work or to maintain the employee in work. Please indicate timescales required for any such adjustments.	☐
7. What review period is required for any adjustments?	☐
8. Is the Employee receiving all appropriate treatment and is there any other support or treatment that could be offered in this case?	☐
9. Is a Phased Return to Work required in this case? Please detail an appropriate arrangement.	☐
10. Are there any restrictions on the employee's duties upon their return? If so please detail.	☐
11. Is recurrent absence for this or other conditions likely in the future? If so please indicate what level of absence might be expected.	☐
12. Is the employee medically fit to attend formal meetings to discuss their absence? If not please indicate how long a recovery time may be needed in order for them to attend such a meeting.	☐

Further details and any other concerns or issues you would like to be specifically addressed at the consultation and detailed within the report?

e.g. any specific work issues, have any disciplinary procedures been implemented?

Job Description attached	☐
Sickness Absence review - please attach a sickness record	☐