

Occupational Health Service

REFERRAL TO OCCUPATIONAL HEALTH SERVICE – HUMAN RESOURCES / MANAGEMENT

**Private and Confidential**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | |
| *Person being referred* | | | | | | | | | | | | | | |
| Mr/Mrs/Miss/Ms/Prof/Dr/Other | | | | | | | |  | | Male/Female | |  | | |
| Surname | |  | | | | | | | | First Name | |  | | |
| Home Address | | | | |  | | | | | Contact No | | |  | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | Post Code |  | | | |
| Date of Birth | | | |  | | | | | |  | | | |  |
| Post Held | | |  | | | | | | | Full Time/Part Time | | | |  |
| Place of Employment | | | | | |  | | | |  | | | |  |
| Date Appointed | | | | |  | | | | | Total Service | |  | | |
| Expiry Date of: | | | | | | | Half Pay | |  | OR Full Pay | | | |  |

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| **REASONS FOR REFERRAL** |

Sickness Absence history (Past 2 years) or enclose copy of record

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| --- | --- | --- | --- | --- |
| DATE FROM | DATE TO | NO. OF DAYS | REASONS FOR ABSENCES | CODE |
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| **REASONS FOR REFERRAL** |

Please tick the following box or boxes to indicate the main reason (or reasons) for referring this employee and give further details in the section provided below.

Long term sickness absence

Frequent short-term absence

Possible effects of health on behaviour at work

Possible effects of health on work performance or work capacity

Possible effects of work on health

Advice on rehabilitation after illness

Advice on early retiral on health grounds

Suspected alcohol or drug related problems

Fitness for transfer to new duties

Other reasons (please specify in section below)

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| **SPECIFIC QUESTIONS AND RELEVANT BACKGROUND** |

Please complete this section giving the relevant background and the specific questions you wish the Occupational Health Service to address

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| **ADVICE FOR MAKING A REFERRAL** |

Before signing the referring manager’s section below, please read the following general advice to managers:

* Before the referral, the employee should be informed of and understand the reason why they are being referred and their agreement to attend should be obtained.
* The referral form will be sent by the referring Manager/HR to Occupational Health outlining the circumstances and highlighting the questions to be answered.
* The confidentiality of the employee’s clinical details is respected unless consent is given to disclosure.
* The report from the Occupational Health Service to the referring Manager/HR will be discussed with the employee by the Occupational Health Physician or Nurse undertaking the assessment.
* Communications with General Practitioners or hospital doctors will only take place with the signed consent of the employee taking into account the Access to Medical Reports Act.
* Managers and employees should understand that all correspondence in the occupational health record, including the manager’s referral correspondence, can be seen by the employee under the Data Protection Act.
* Occupational Health reports will be emailed to Managers and HR with a copy to person being referred.

**Please complete all sections below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person making referral** (please print) | | |  | |
| **Designation** |  | | | |
| **Email** |  | **Contact number** | |  |

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| --- | --- | --- | --- | --- |
| **Occupational Health Report to be sent to:** | | | | |
| **Name** (person being referred) | |  | **Email** |  |
| **Name** |  | | **Email** |  |
| **Name** |  | | **Email** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E-mail address for confirming appointments** | |  | | |
| I have read the referral advice, communicated with the employee being referred and completed all sections of the form. | | | | |
| **Signature** |  | | **Date** |  |

[**Processed in accordance with current Data Protection Legislation**](https://www.strath.ac.uk/whystrathclyde/universitygovernance/accesstoinformation/dataprotection/)

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