

**Bradford on Avon Occupational Health Services  
St Margaret's Surgery, 29 Bridge Street  
Bradford on Avon BA15 1BY  
Tel: 01225 865766 Fax: 01225 868648**

**Occupational Health Management Referral Form**

**(Company Confidential)**

<b>Employees Name:</b>	<b>Date Of Birth:</b>
<b>Date of joining the Company:</b>	
<b>Job Title:</b>	<b>Contact No:</b>
<b>Area of Work/Department:</b>	
<b>Employee home address and telephone No:</b>	

<b>Referred by:</b>	<b>Address to send report to:</b>
<b>Contact No:</b>	
<b>Email Address:</b>	

•Please list the main features of the employees job:

•What problems have been experienced relating to the employee's health?

•How long has the problem been apparent?

- Is the employee currently absent from work?
  
- Number of days sick:
  - in past year
  - in past 3 months
  - in past month
  
- What is the reason given for the employee's absence?
  
- If the employee is not absent from work but has discussed concerns regarding their health, please provide details:
  
- Has there been a recent change in the employee's job?
  
- Are there any other issues likely to be affecting attendance (i.e. at home/work)?  
  
If so please provide details:
  
- Has any discussion taken place with the employee prior to this referral? (If so please provide details):
  
- Are there any alternative jobs duties available for the employee? (If so please provide details)
  
- Please provide any other relevant information:

**Please specify what specific advice you require.  
(tick the appropriate items required from the list  
below)**

- Estimate of duration of absence, and steps required to facilitate a return to work.
- Rehabilitation requirement following prolonged absence.
- Advice regarding appropriate adjustments in the workplace.
- Eligibility for Long Term Sickness Pay (please provide details of scheme).
- Status report/update on ongoing health problem.
- Assessment of fitness to continue in present post.
- Recommend suitable alternative employment.
- Ill health retirement (please provide details).
- Any other reason (please provide details).

**It is recommended that the referral process and content of this form is explained and discussed to the employee prior to referral to the Occupational Health Team.**

<b>Referee Signature:</b>	
<b>Print Name:</b>	<b>Date:</b>

<b>Employee Signature:</b>	
<b>Print Name:</b>	<b>Date:</b>