

Rochdale Occupational Health Service Ltd

OH Physician Referral Form

Please complete this form thoroughly. This information will assist the OH Physician to supply you with a comprehensive report.

Company Name:			
Company Address:			
Name of Referring Manager:		Date:	
Telephone No:		Email Address:	

Have you the employer, discussed the referral with the employee and explained the reasons for referral to Rochdale Occupational Health Service?	YES	NO
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Details of Referred Employee

Name:		Date of Birth:	
Home Address:			
Email address:		Telephone No:	
Job title:		Length of service:	

Has this employee previously been referred to the OHP?	YES	NO
Date they were previously referred?		

Please detail job specifications that may be relevant to health i.e. manual handling, track-work, working in confined spaces etc.

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Reason for Referral

Please give all relevant information in the box below to fully explain the reason for this referral, your concerns and effects of the health problem on work performance and attendance.

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Please tick as appropriate the specific questions you want answered in this referral

<input type="checkbox"/>	Is the employee fit to undertake their current role?
<input type="checkbox"/>	If the individual were not fit to fulfil their role, would adjusted duties or temporary redeployment apply?
<input type="checkbox"/>	Is the performance significantly affected by ill health and how long is this likely to continue?
<input type="checkbox"/>	Is the ill health work related?
<input type="checkbox"/>	Likely date of return to work?
<input type="checkbox"/>	Is the employee likely to render reliable service in the future?
<input type="checkbox"/>	If the individual is not fit to return, is ill health retirement appropriate?
<input type="checkbox"/>	Does the Equality Act 2010 apply?
<input type="checkbox"/>	Other – please detail in the box below

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