

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:	

Preferred way to receive medical report upon completion:	By Post	By Email
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Details of Referred Employee

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

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

Job Specifications

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

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.

Specific Questions

Please tick as appropriate, the specific questions you want answered by the Occupational Health Physician in this referral

	Is the employee fit to undertake their current role?
	If the individual were not fit to fulfil their role, would adjusted duties or temporary redeployment apply?
	Is the performance significantly affected by ill health and how long is this likely to continue?
	Is the ill health work related?
	What is the likely date of return to work?
	Is the employee likely to render reliable service in the future?
	If the individual is not fit to return, is ill health retirement appropriate?
	Is this condition likely to be considered a disability as described in the Equality Act 2010?
	Other – please detail in the box below (Please limit this to no more than 5 additional questions)