**Management Referral to Occupational Health**

This form will be used as the basis of the discussion between the Occupational Health Practitioner and the individual employee, therefore please ensure all sections of this form are completed. If appropriate, please attach other supporting documentation in the email - for example letter to employee confirming outcome of last meeting related to attendance. Please do **not** attach items to this document as we will not be able to open them.

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| --- | --- |
| **Employee Name (Full Name)** |  |
| **Job Title/ Role**  |  |
| **Date of Birth** |  |
| **Contact Telephone Number (Home)** |  |
| **Contact Telephone Number (Mobile)** |  |
| **Contact Address Details** |  |
|  | Post Code: |  |
| **Contact Home Email Address** |  |
| **Ward/Department/Directorate**  |  |
| **Managers Name and Title** |  |
| **Managers e-mail address** |  |
| **Site/Location**  |  |
| **HR Contact** |  |

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| **Demands of the Post –** please give details of the physical, mental and emotional demands of the job  |
|  |
| **Reason for the referral** |
| Short Term Absence ☐ Long Term Absence ☐ Working with a Health Issue ☐ Ill Health Retirement ☐Please provide details of their current health issues. |
| **Is the employee currently at work? Yes** ☐ **No** ☐ |
| **If no, please indicate the date the current sickness absence started:**  |
| **Please also indicate stage of the attendance Management Process the individual is currently being managed:** |
| **Please provide details of the employee’s absence in the preceding 12 month rolling period including dates of absence, reasons for absence.**  |
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| **Please provide details of any actions taken and details of any support provided (i.e. adjustments to hours, shift patterns, work tasks).** |
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| **Please provide details of the employees job** |
| Work Pattern: Full time ☐ Part time ☐ Job Share ☐ Night Worker ☐ Other ☐Overtime: None ☐ Occasional ☐Regular ☐ On call ☐Length of time in post: |
|  |
|  | **It may be useful in addition to referring the employee to Occupational Health that they access the following** |
|  | Support Counselling Services – Individual can self-refer to Staff Counselling by emailing StaffCounselling.Services@uhb.nhs.uk . External support can also be sought by self-referring to B’Ham Healthy Minds 0121 301 2525 or the Living Well Consortium NHS 24/7 helpline on 0121 262 3555* Physiotherapy - Individuals can access Physiotherapy Services by self-referring to Trust Physiotherapy by calling:

**BHH: 0121 424 0493 GHH: 0121 424 7040 QEHB: 0121 371 3492 SHH: 0121 424 5446**  * Manual Handling and Ergonomics (Human Factors) please see further information available at the intranet links: [UHB Manual Handling and Ergonomics](http://uhbhome/manual-handling.htm) and [UHB DSE Risk Assessment](http://uhbhome/risk-assessment-dse.htm)
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|  | **ADVICE REQUIRED FROM THE OCCUPATIONAL HEALTH PRACTITIONER** |
|  | **I would be grateful if you would advise on:** (*Tick Yes/No)* Please tick only the relevant questions | **Yes** | **NO** |
|  | 1. Is there an underlying health condition that may affect attendance or performance? If yes, when was the condition diagnosed, and for how long might it persist?
 | ☐ | ☐ |
|  | 1. For short term sickness absence does the employee have an underlying illness or condition linking their periods of sickness absence?
 | ☐ | ☐ |
|  | 1. What is the prognosis for the future of their condition, including the likelihood and timescale of their ability to return to full duties and the likelihood of further sickness absence periods of significance?
 | ☐ | ☐ |
|  | 1. Is the employee fit to fulfil their contractual duties and capable of working their current contracted hours? If not what is the likely timescale for a return to full duties/hours?
 | ☐ | ☐ |
|  | 1. What workplace adjustments are recommended for consideration to support a return to work or retention at work, and timescales for these?
 | ☐ | ☐ |
|  | 1. Is the member of staff likely to return to work in the foreseeable future?
 | ☐ | ☐ |
|  | 1. If unfit for the full range of duties, what type of work can the employee undertake should it be necessary to consider temporary or permanent redeployment?
 | ☐ | ☐ |
|  | 1. What health improvement advice has been provided to help minimise future absences?
 | ☐ | ☐ |
|  | 1. Please record any other specific questions you have for the OH Practitioner in the space provided:
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|  |  |
|  | Please ensure the confirmations below are completed. Failure to complete will result in the Management Referral being returned to you which may cause delaysPlease tick to confirm that:☐ The employee is fully aware of the reasons for this referral ☐ You have discussed the referral with them and a copy of this form has been sent to them☐ The employee has given consent for Occupational Health to contact them using their personal details provided on this form. |
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| **Declaration by Manager** |
| Please SIGN this box to confirm that the employee has been made aware of this referral. |
| I confirm that I have discussed this referral with the employee in its entirety, I have provided the employee with a copy of this referral and the employee has agreed to attend the Occupational Health Service.  |
| Authorised by: (*Print Manager’s name)*  |  | Date |  |

**Once completed, please return the Occupational Health form to the e-mail address below:**

**University Hospitals Birmingham NHS Foundation Trust Occupational Health Service**

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| Birmingham Heartlands | Good Hope | Solihull Hospital | Queen Elizabeth Hospital Birmingham |
| Stratford House, Bordesley Green East, Birmingham, B9 5SS0121 424 3004 | 23 Bedford Road, Sutton Coldfield, West Midlands, B75 6BE0121 424 3004 | Ullswater, Lode Lane, Solihull, B91 2JL0121 424 3004 | Heritage Building, EdgbastonBirmingham B15 2TH0121 371 7170 |
| OHEnquiries@uhb.nhs.uk |