

Management Referral Form

Please read guidance notes for completion of the Management referral form prior to completion.

This form is to be discussed with the individual being referred and must be completed by the referring manager.

Incomplete forms may have to be returned to the referring manager, delaying the process.

Section 1	Please complete section 1 fully
Section 2	Please complete section 2 fully - including the HR representative to be copied into any correspondence. Ensure confirmation of the home address and contact details of the employee. Please give details of the person's job role and attach a job description with the completed Management Referral form, as well as a list of risks and hazards exposed to during the course of the job.
Section 3	Please tick the relevant boxes to indicate your reason(s) for referral, giving details of any further information which you feel may be useful in helping the OHA to reach a conclusion and make appropriate recommendations.
Section 4	Please complete absence details and where possible give all dates of absence with reasons given for absence.
Section 5	Please indicate what advice is being sought by this referral by ticking the specific request(s) for information. There is space to provide details of additional information which you feel is relevant and/or may be helpful to the Management Referral.
Section 6	Please confirm you have read the purpose and process statement of the referral and indicate that you have discussed the purpose of the referral and the content of the form with the employee. The principle being that there should be no surprises for the employee by way of this process.

On completion of the form, forward to Gipping Occupational Health Ltd in a sealed envelope or send as a password protected email attachment.

To: Gipping Occupational Health Ltd Unit 10/11 Norfolk House Williamsport Way Lion Barn Industrial Estate Needham Market Suffolk IP6 8RW	Telephone: 01449 766913 Fax: 01449 700410 Email: adminteam@gipping.co.uk
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Section 1 - Company details

To assist the Occupational Health Advisor to make a full Health Assessment and provide you with the best feedback, the information below is required.

Company Name: Referring Manager: Work Location: Telephone No. & Extension: Mobile No: Email address: (for sending copy of clinical report to)	HR Representative: Telephone No. & Extension: Mobile No: Email address: (for sending copy of clinical report to)
Would it be helpful for the OH Advisor to discuss this referral with the immediate Line Manager? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, make sure the contact details are completed and that the person will be expecting a call)	
Does your organisation have an Employee Assistance Programme (EAP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 2 - Employee details

Employee name: Date of Birth: Home Address: Postcode: Home Phone No: Mobile Phone No: Email address: (for sending copy of clinical report to)	Employee Occupation/Job: Date of Start/Length of Service: Dept/Area/location:	
Hours of Work: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Days <input type="checkbox"/> Shifts <input type="checkbox"/> Temp/Agency <input type="checkbox"/>		
Does the reason for referral affect: Attendance <input type="checkbox"/> Performance <input type="checkbox"/> Conduct <input type="checkbox"/> Safety Standards <input type="checkbox"/>	Are absences covered by: Med 3 Fit Note <input type="checkbox"/> Self-certificate <input type="checkbox"/> Unauthorised <input type="checkbox"/>	Is disciplinary action or other management intervention being considered or already taken? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 - Reason for referral

Referring Manager/HR please tick the boxes below as appropriate to indicate the reason for referral.

1	Concern about frequent short term absence	
2	Concern about long and continuous period(s) of absence	
3	Advice about return to work after long term illness, injury or surgery	
4	Concern about health in relation to an employee’s ability to carry out their role	
5	The employee has declared a medical problem; advice is required about the effect of this on ability to work	
6	Advice regarding information given in a ‘fit note’ or return to work plan and how to interpret this	
7	Concern that a member of staff may have an infectious or contagious disease	
8	The employee has developed/disclosed a disability; advice is required about the effects of the disability and potential adjustments in relation to the condition	
9	Following an accident at work that has caused, or is likely to cause a significant absence	
10	Other - please describe below and provide additional information	

Section 4 - Previous Absence (include last 24 months, indicating dates, reasons, self-certified/fit note etc.)

From	To	Reason	Self-cert/Fit note

Current absence details

Is the employee currently absent? Yes <input type="checkbox"/> No <input type="checkbox"/> Fit Note/Medical Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for current absence:
Any other useful information (including Bradford score, patterns, notes on Fit Note for return to work etc.)

Section 5 - Please indicate the advice being requested by Referring Manager

1	Is there an underlying health problem causing the pattern/level of absence?	
2	If a health problem exists, could it be a disability in terms of the Equality Act 2010?	
3	Is there any additional help/treatment that might be recommended?	
4	Where the employee is off work, please indicate timescales of when the employee is likely to return to work.	
5	Whether at work or not, what is the employee's current state of fitness for work?	
6	Are there any reasonable adjustments that are likely to alleviate the health condition and/or facilitate workplace rehabilitation?	
7	Is there a need to seek a significant alteration or alternative to the current post? If yes, please offer specific recommendations regarding this	
8	Is there any likelihood that the work environment may be contributing to reduced performance or sickness absence?	
9	Will this person be able to contribute fully within their post either; when at work, upon and following return to work or at any point in the future?	
10	The employee is part of a pension scheme and has enquired about retirement on health grounds. Please give relevant advice to them and management in this respect.	

Additional Information or Questions

Section 6 - Referral Purpose/Process - Confirmation

Please note: if the employee has not been informed of the referral purpose, the OHA will not be able to proceed with the assessment.

This document forms part of the clinical notes and is treated as medical in confidence. The content of this document will be discussed with the employee to enable the consultation process to proceed. The employee’s consent is required for the assessment to take place. With the employee’s consent and following the appointment, Gipping Occupational Health will send a report to the referring manager and to HR. A copy will also be sent to the employee. Due to the legislative and professional requirements of medical confidentiality, the OHA may be restricted in the information he/she is able to provide; where this significantly restricts feedback it will be indicated in the report.

I have read the statement above and confirm I have obtained consent from the employee to share the personal data relevant to this referral with Gipping OH, I have discussed the content of the referral form with the employee and confirm that they understand the reason for this referral.

.....
Signature of referring Manager

.....
Date

Referral Checklist	Please tick	YES	NO
I enclose:	The employee’s job description. If none available please attach a summary of duties & responsibilities		
	Accident report (if relevant)		
	Other documents (please give details)		
Referral initiated by:	Line manager		
	HR Advisor		
	Other (please specify)		
A copy of this referral has been sent to HR			

FOR OFFICIAL USE ONLY:

Gipping OH Telephone call	Date Contacted:	Name of OH Advisor:
Additional Information:		