**REFERRAL TO OCCUPATIONAL HEALTH SERVICE**

# CONFIDENTIAL

If Managers have any questions for Iqarus regarding making a referral please email HighlandCouncil.gbr@iqarus.com   You will get a response within one working day.  Questions may be about timing of the referral, whether the referral should be made or to ask about medical conditions reported by employees.

In assessing any employee referred to the Occupational Health Service for a medical opinion and reporting to the manager, it is important that the Occupational Specialist is in possession of all relevant facts. Please complete the following sections comprehensively and legibly, referring to the guidance notes below as required.

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| EMPLOYEE’S DETAILS |
| Title |  | Name |  |
| Date of Birth |  | Payroll number |  |
| Address (incl. post code): |  |
| Tel No\* |  | N.I. Number |  |
| **\*appointments are notified by letter. Please provide mobile number for a reminder by text message.** |
| Email address  |  |
| MANAGER’S DETAILS |
| Name of Manager |  | Job Title |  |
| Address |  |
| Email address |  |
| Tel No. |  | Service |  |
| **EMPLOYMENT DETAILS** |
| Present Job Title (please state if full time or part time) |  |
| Principal Duties of Post (a copy of job description would also be helpful): |
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| Length of time in Current Post |  |

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| **The information contained in this form is classified as “medical in confidence” and as such should not be copied or forwarded for any purpose other than the management of the case** |

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| **NATURE OF THE PROBLEM WHICH HAS INITIATED THIS REQUEST** Describe the problem chronologically and add any other relevant facts, such as associations with certain aspects of the job or days of the week. Continue on a separate sheet if necessary. |
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| SICKNESS ABSENCE DETAILSPlease detail past absences for as long as you think relevant or for at least the last 12 months. Continue on a separate sheet if necessary. SC = Self Certificate MC = Medical Certificate |
| **DATE**  | **DAYS****ABSENT** | **REASON** | **SC****or****MC** | **DATE** | **DAYS****ABSENT** | **REASON** | **SC****or****MC** |
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| Is this injury / illness due to a work-related accident?      Is this injury / illness due to working with display screen equipment?       |
| **SPECIFIC ADVICE REQUIRED**e.g. Is the employee fit for this job in the near future or ever? What sort of work is the employee fit for? Does the employee have an illness which is covered by the Equality Act (i.e. disability)? Refer to Policy and Guidance. |
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* RS Occupational Health offices in Inverness have clinics both on the ground and first floor. Please indicate if there is a preference for the ground floor, due to access requirements: YES / NO
* Please indicate if there are any dates that the employee cannot attend (e.g. Annual Leave, NHS appointments)

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* Employee may be contacted by RSOH to discuss the referral. Please indicate employee’s preferred method of contact: (Personal Email/Phone Number) and give details if different from those given above.

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* In order of preference, please indicate the preferred choice of location for clinic.

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| Inverness | Fort William | Wick | Portree |

**I confirm that I have discussed travel/transport options with the employee. I understand the Service may be charged if the employee fails to attend or cancels with less than 48 hours’ notice. I confirm that I have spoken to the employee about this referral and the reasons for it.**

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| --- | --- | --- | --- |
| Date of meeting |       | Date form signed |       |
| Signature |  |

**Please email the completed form to** **Occupational Health Referral**

**Guidance Notes for the Completion of Occupational Health Referral Form**

The referral form will provide the Occupation Health Service with the information that they require to provide you with a relevant report which will allow you to have constructive discussions with and make decisions regarding the particular employee. It is therefore important that appropriate time is spent on completing the form to ensure that all relevant information is provided and that the referral is fully discussed in detail with the employee.

Consult with HR assistant if required and forward the form to HR.

**Nature of the problem that has initiated this request – also refer to Tips on completing Occupational Referral Form.**

When completing this part of the form be specific and consider including information such as work pattern, work environment, shift system, home working, etc.

It will be helpful to the Occupational Health Specialist if you provide, where appropriate, a short timeline of events and relevant background information, i.e. last 5 years sickness/absence, reasons for sickness of referral.

You should clarify the reason or reasons for the referral and this may include (list not exhaustive) the following:

* Long term sickness absence (3 weeks or more)
* Recurrent short term sickness absence
* Concerns regarding work performance and fitness for duties/capability
* Alcohol/drug/stress related problems
* Injuries

**Sickness Absence Details**

It is important that you provide comprehensive information on the employee’s absence over at least the previous 12 months, however, a longer period may be appropriate, up to 5 years if illnesses been significantly a feature in their employment.

You should complete the table provided in the form or you may wish to enclose a separate list of absences for the employee if this is available to you.

Notify Occupational Health of any Managerial input to date i.e. stress issues – has manager met with employee to discuss their perception of events.

**Specific Advice required**

In order for you and the employee to get the full benefit from your referral it will be important to be clear about what information you require from the Occupational Health Service.

You may want to think about what questions you require an answer to which would enable you to move this forward. Refer to Tips on completing Occupational Health Referral Form.