



CSH Management Referral to Occupational Health

* Is the employee At work Off work

Hours of work/working pattern e.g. long or short days/ on call
Please give details:

Are there any specific requirements needed to assist in this assessment? [i.e. an interpreter] Yes No

Job Role Information

Does their role or work process contain or require any of the following?

Manual handling loads/clients Yes No

Nursing care of clients Yes No

Classified DSE user Yes No

Clinical waste handling Yes No

Chemicals Yes No

Driving Yes No

No
Night duty Yes No

Lone worker Yes No

Food handler Yes No

Reason for Referral - Please tick all that apply

- Long term sickness absence i.e.; Greater than four weeks
- Frequent short term sickness absence [absence dates/type must be included to assist the OH assessment] or First care report
- Work capability/performance issues
- Mental health issues including stress please enclose a copy of any stress assessment
- Workplace assessment/Health Surveillance
- Accident/incident at work [please specify]
- Alcohol and substance misuse [we cannot discuss this with staff unless the manager has discussed their concerns with the employee first]
- Return to work after an operation [please specify which operation and date]
- Other [Please state]

Please provide details of how long this issue has been on-going.

How is the current problem affecting their work?

What remedial action have you taken?

Absence History

Please give details of health-related absences over the previous 12 months or attach first care absence report

1. Date from

Date to

Number of work days lost

Date to	<input type="text"/>
Number of work days lost	<input type="text"/>
Reason given for absence	<input type="text"/>
2. Date from	<input type="text"/>
Date to	<input type="text"/>
Number of work days lost	<input type="text"/>
Reason given for absence	<input type="text"/>
3. Date from	<input type="text"/>
Date to	<input type="text"/>
Number of work days lost	<input type="text"/>
Reason given for absence	<input type="text"/>
4. Date from	<input type="text"/>
Date to	<input type="text"/>
Number of work days lost	<input type="text"/>
Reason given for absence	<input type="text"/>
Provide information of any performance/capability/disciplinary concerns at work?	<input type="text"/>
Please give details of any supportive measures and copies of any informal meeting notes as this helps inform the OH Practitioner to progress the case appropriately:	<input type="text"/>

Please give details of any supportive measures and copies of any informal meeting notes as this helps inform the OH Practitioner to progress the case appropriately:

The OH Practitioner will answer the following questions as appropriate:

- Current capacity for work
- Date or anticipated time frame for a return to work [RTW] including a RTW plan.
- Outlook- Prognosis for further sickness absence
- Functional capability assessment for adjusted duties, temporary or permanent workplace adjustments or redeployment
- Work injury or ill health related to work
- RIDDOR reportable sickness absence/disease
- Any barriers to a return to work
- Consideration of ill health retirement if appropriate
- General advice in respect to the Equality Act 2010 including consideration for reasonable adjustments.

Any additional management questions:

*** MANAGERS CHECK LIST** Yes No

I have discussed the reason for this referral with the employee and they have given their consent to attend and given consent for a management report to be returned after the consultation [Note-the referral will be returned if this action is not taken]

In the event the employee wishes to see the report prior to being sent to their manager they will be advised they have 2 days by email and 5 days by post to return any comments for consideration

*** Absence history included** Yes No

*** The employee has been given a copy of the referral** Yes No

*** Include a stress risk assessment- if applicable [See the Stress Management policy]** Yes No

- RIDDOR reportable sickness absence/disease
- Any barriers to a return to work
- Consideration of ill health retirement if appropriate
- General advice in respect to the Equality Act 2010 including consideration for reasonable adjustments.

Any additional management questions:

*** MANAGERS CHECK LIST**

- Yes
 No

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*** Absence history included**

- Yes
 No

*** The employee has been given a copy of the referral**

- Yes
 No

*** Include a stress risk assessment- if applicable [See the Stress Management policy]**

- Yes
 No

*** Managers Name:-**

*** Managers Email:-**

*** HR Contact Name:-**

*** HR Email Address:-**