**Occupational Health Self-Referral**

*Important note: This is a confidential assessment carried out by the Occupational Health team and will not generate a report that will be shared with your line manager. Where symptoms are more severe and affecting your ability to carry out your role, a referral to Occupational Health initiated by your line manager may be more appropriate and you should discuss this with your line manager.* *This self-referral process does not circumvent the management referral process to Occupational Health in accordance with the Attendance Management Policy and Procedure*

|  |
| --- |
| Employee Information |

|  |  |
| --- | --- |
| Name: | DOB: |
| Home Address: | Work Address: |
| Job Title:  | Department: |
| Work E-Mail Address:Home E-Mail Address: *(Please provide a personal email where possible)* | Mobile Number:Home Number: |

|  |
| --- |
| Referral Information |
| Reason for referral: |
| Are you currently off work due to this reason? If so, for how long?: |
| What are your expectations of this appointment? |
| Have you seen occupational health for this in the past? |

|  |
| --- |
| Please provide any other information that you feel is relevant to this referral e.g., medications, details of previous treatments or tests: |

|  |
| --- |
| Referral Guidelines  |
| 1. Please fully complete the referral form and return it to: *hnf-tr.occupationalhealthdepartment@nhs.net*
2. We may contact you to contact you to discuss your referral if the reason can be resolved over the phone with advice from an advisor or if the occupational health department is not the appropriate department to advise on the reason for the referral.
 |
| For Occupational Health Use Only |
| Date Received: | Triaged By: |
| Outcome: |
| OHA appointment |  |
| OHN appointment  |  |
| Physiotherapy appointment |  |
| Back Care specialist  |  |
| Counselling |  |
| Telephone advice  |  |
| Date contact made: | Date of appointment: | Method of appointment |
| Phone: □ | MS Teams □ |