

## Section 1: Notes for the Referring Manager

1. Cognate Health Ltd provides an independent, confidential occupational health service on all matters relating to the effect of health on work and work on health.
2. The reason for referral should be discussed with the employee in advance of the referral. The manager should indicate that s/he has discussed this referral with the employee being referred in section 7.
3. To ensure the occupational health consultation is beneficial for all parties it is essential that all relevant background information is provided at the time of referral.
4. Managers can normally expect a written report following assessment within 2 working days of the appointment.

## Section 2: Employee Details

<b>Family Name:</b>		<b>Forename:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Home Address:</b>		<b>Employee ID/Staff No:</b>	
		<b>Department:</b>	
		<b>Job Title:</b>	
<b>Email Address:</b>		<b>Phone No:</b>	

## Section 3: Date of Referral (please give specific details)

<b>Date referral made to Cognate Health:</b>	
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## Section 4: Preferred Timeframe of Appointment

<b>Preferred time frame for an appointment to take place:</b>	<input type="checkbox"/> 48Hours	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 weeks
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## Section 5: Reason for Referral (please give specific details)

## Section 6: Specific Advice Requested

(Tick the Options That Are Most Appropriate for the Information That You Require)

1	Is there an underlying medical condition affecting this individuals performance or attendance at work?	<input type="checkbox"/>
2	What is a likely time frame for recovery and when would you expect a return to work?	<input type="checkbox"/>
3	Is further medical support or intervention suggested?	<input type="checkbox"/>
4	Is s/he fit to carry out their duties? If not fit outline why?	<input type="checkbox"/>
5	What adjustments to the work tasks or environment may help to facilitate rehabilitation or an early return to work?	<input type="checkbox"/>
6	Is the health problem likely to recur or affect future attendance?	<input type="checkbox"/>
7	Other information (please specify e.g. opportunities for job adjustment/redeployment, any outstanding disciplinary/grievance procedures):	<input type="checkbox"/>

Section 7: Referring Manager's Details			
<b>Name:</b>		<b>Job title:</b>	
<b>Address:</b>		<b>Department:</b>	
<b>Email:</b>		<b>Phone No:</b>	

Section 8: Further Details	
<b>HR Manager</b>	
<b>HR Manager contact details:</b>	
<b>To whom report should be sent:</b>	
<b>Desired Network OHP Clinic Location:</b>	
<b>PO No:</b>	
<b>Confirmation that the referral was discussed with the employee:</b>	
<b>Employer:</b>	
<b>Employer Address:</b>	

## DECLARATION:

All details on this form must be shared with the employee being referred, to obtain their consent prior to it being submitted. The Occupational Health clinical assessment may be performed by an Occupational Health Practitioner within the Cognate Health Network.

By completing this form, you are confirming the employee has been informed and consented to the referral process.

Appointment details may be sent to both the referring manager and the employee however it is the responsibility of the referring manager to ensure the employee is aware of the appointment and confirm attendance.

The information you provide will be handled in the strictest confidence and only seen by relevant members of the Cognate Health Occupational Health team.

By submitting this form, I confirm that I have discussed the reasons for and content of this referral with the employee and I will facilitate their attendance.