



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

## DEPARTMENT OF OCCUPATIONAL HEALTH

### STAFF REFERRAL FORM – For use by Managers

Please use **block capitals**, and ensure Sections A, B, C, D and E are fully completed. Incomplete forms will be returned. Ensure employee's name is on all correspondence.

<b>A EMPLOYEE DETAILS:</b>		Tick this box if any details in section A have changed since last seen <input type="checkbox"/>	
Title Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			
Surname			
Forename/s			
Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home address		Job Title	
Post Code		Department/ Place of Work	
Home Tel No		Directorate	
		Hospital Site or address of Unit	
		Work Tel No	

  

<b>B REFERRING MANAGER DETAILS:</b>		Tick box for copy of (first) appointment letter: <input type="checkbox"/>	
Name, title & correspondence address (provide FULL details if not Hospital Site or Unit)			
Tel			
I confirm that the individual has been made aware of this referral and the reasons for it.			
Signature		Date	

  

<b>C REASON FOR REFERRAL TO DOCTOR:</b>
(eg details of concern about attendance and/or performance at work)
IT IS ESSENTIAL TO GIVE DETAILS OF YOUR MANAGEMENT OF THE SICKNESS ABSENCE AND ANY SPECIFIC ADVICE YOU REQUIRE
OTHER BACKGROUND INFORMATION (Optional)
<b>A current Job Description and workplace risk assessment may be requested</b>

<b>NAME OF EMPLOYEE:</b>	
<b>D DETAILS OF MANAGER/HEAD OF DEPARTMENT:</b> Name, title & correspondence address (provide FULL details if not Hospital Site or Unit and different from overleaf)	
Tel	
<b>NB: BEFORE REFERRAL TO THE DEPARTMENT OF OCCUPATIONAL HEALTH, INDIVIDUALS SHOULD BE REGISTERED WITH A GENERAL PRACTITIONER</b>	

[illegible]

<b>F FOR DEPARTMENT OF OCCUPATIONAL HEALTH USE ONLY:</b>			
<b>ACTION</b> _____			
<b>Appointment with</b>	<input type="checkbox"/> Doctor _____	<input type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes
<b>Appointment with</b>	<input type="checkbox"/> Nurse _____	<input type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes
<b>Reason</b>	<input type="checkbox"/> LTSA <input type="checkbox"/> STSA <input type="checkbox"/> Fitness/performance	<input type="checkbox"/> Accident/Injury	<input type="checkbox"/> OH advice
<b>Assessed by</b>	<b>Date</b>		