



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

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

DEPARTMENT OF  
OCCUPATIONAL  
HEALTH

OHN

## SELF REFERRAL FORM – For use by individual.

Ensure Section A is fully completed; record brief details in Section B; Section C for use by OH team; Section D should only be completed, if appropriate, following consultation.

Please complete the following using BLOCK CAPITALS

**A PERSONAL DETAILS:** Tick box if any details in Section A have changed since last seen ☐

Title Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname

Forename/s

Date of Birth

Age

Male ☐ Female ☐

Home address

Post Code

Tel No

Mobile

Work No & Extension if applicable

Job Title

Department/Place of Work

Directorate

Hospital Site  
or address of Unit

## B REASON FOR SELF-REFERRAL TO DEPARTMENT OF OCCUPATIONAL HEALTH

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Signature

Date

**NB** BEFORE SELF-REFERRING TO THE DEPARTMENT OF OCCUPATIONAL HEALTH, INDIVIDUALS SHOULD BE REGISTERED WITH A GENERAL PRACTITIONER

<b>C FOR DEPARTMENT OF OCCUPATIONAL HEALTH USE ONLY</b>	
<b>NAME OF EMPLOYEE:</b>	
Telephone Consultation <input type="checkbox"/>	
Call-in to Department <input type="checkbox"/>	
Site NPTH <input type="checkbox"/> MH <input type="checkbox"/> POWH <input type="checkbox"/> SH <input type="checkbox"/>	
Other: _____	
See OH notes <input type="checkbox"/>	
<b>ACTION</b>	
<b>Assessed by</b> _____	<b>Date</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	
Letter to Manager/HR Officer? YES <input type="checkbox"/> (ask individual to complete Section D) NO <input type="checkbox"/>	

<b>D CONSENT (only to be completed, if appropriate, after consultation)</b>	
Following my self-referral, I agree to the Occupational Health Nurse or Doctor providing an advisory report to my Manager/HR Officer and I understand that any advice about my health relating to my work will be in general terms only. The proposed contents of the report have been discussed with me and I understand that a copy will be provided to me, if requested.	<input type="checkbox"/>
Following my self-referral, I confirm that I wish to see the proposed advisory report from the Occupational Health Nurse or Doctor to my Manager/HR Officer before deciding whether it can be sent.	<input type="checkbox"/>
Name of Manager (or HR Officer) and correspondence address: <hr/> <hr/>	
SIGNATURE (Employee) ..... Date ..... NAME	