

OCCUPATIONAL HEALTH & WELLBEING DEPARTMENT

Staff Self-Referral Form

Full Name:	Contact Number(s):
D.O.B:	<p><u>Please circle:</u></p> <ul style="list-style-type: none"> Consent to leave answer phone message regarding an appointment?: Yes / No Consent to receive an SMS text appointment reminder on the above number?: Yes / No
Job Title:	GP Name/Address:
Work Location:	Line Manager:
Home Address*:	

Please ensure your **home address details are accurate **on ESR** and match the above details. The OH database refreshes daily with ESR information and will not retain the above information if different.*

Are you currently on sick leave?	YES	NO
	1 st date of absence:	
	Any Fit Note advice:	

Is this related to an injury/problem sustained in work?	YES	NO
If so, has it been reported?	YES	NO
Is your work role currently affected by the injury/problem?	YES	NO

Please give a brief description of the problem/symptoms:

How long has the problem/symptoms been present?

<24 hours ____ 1-7 days ____ 1-3 weeks ____
 3-8 weeks ____ 2-6 months ____ >6 months ____

Have you had a formal diagnosis?

Are you currently awaiting or undergoing any other support/therapy or awaiting any investigations?

Have any plans been put in place to facilitate a return to work/remain in work?

Any further relevant information:

Please note an Occupational Health Nurse may call you to discuss the referral further.

If you have a query regarding sickness absence, planning a return to work, or guidance regarding requirement for adjustments in the workplace, it is advisable to discuss these issues with your manager in the first instance and to request a referral from them to occupational health, to encourage collaborative working.

Please ✓ tick if in agreement:

I consent to evaluation data being used anonymously as part of clinical evaluation.	
I agree that all information collected can be recorded and stored in accordance with the Data Protection Act 1998 (see Cwm Taf Data Protection Policy) and will form part of the wider Occupational Health Clinical Notes. <i>Please note, a self referral will not routinely generate a report to your line manager.</i>	
I consent to my GP being contacted if deemed necessary in relation to my health and wellbeing.	

We may require further information from your GP or Consultant. Under Access to Medical Reports Act 1988, this will be discussed further with you and your signed consent obtained.

Signature:	Date:
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PLEASE RETURN THIS FORM TO:

By post: OCCUPATIONAL HEALTH & WELLBEING DEPARTMENT
DEWI SANT HOSPITAL
ALBERT ROAD
PONTYPRIDD
CF37 1LB

By PII email: CTT_Occupationalhealth@wales.nhs.uk

For Occupational Health Use Only

Date received in OH:
Received by:

Allocated to:

Triaged by:
Date:

Triage Comments: