

BLACKWELL ASSOCIATES REFERRAL REQUEST FORM

This request form should include a summary of the relevant background information, the reasons for referral and the relevant questions to which an answer is required.

This form should be faxed or posted to Blackwell Associates prior to the employee's appointment.

TO BE COMPLETED BY REFERRING MANAGER

SECTION A – REFERRAL DETAILS

Name of Company		Location	
Name of employee			
Address			
Home Telephone No		Date of Birth	
Title of post		Department	
Date current absence began		Reason for absence	
Referring Manager		Telephone No	
Date of referral		Date of Appointment	

SECTION B – REASON FOR REFERRAL

Please indicate the reason for referral from the section below

Long-term sickness absence. Employee not at work at present.	
Poor attendance. Employee at work, attendance difficulties attributed to health problems.	
Specific health concern. Affecting work performance or work affecting health	
Resumption after sickness absence. Specific concerns regarding capability or safety issues.	
Review case. Seen previously by Blackwell Associates for same ongoing problem.	

SECTION C – SAMPLE QUESTIONS

Below are examples of specific questions you may wish the Occupational Health Physician to address in the report. It is suggested that you write the relevant question in Section D, elaborating where necessary.

1. Are there underlying medical reasons for the attendance record?	
2. Are there underlying medical reasons for the performance record, as described?	
3. What are the timescales for recovery and (if presently off sick) for return to work?	
4. Is there a probability of any residual impairment on resuming work?	

5. What is the likelihood of being able to give regular and effective performance in the future?	
6. Please advise on any work restrictions and any readjustments or redeployment.	
7. Is there a substantial adverse effect on the activities of daily living of the employee, which is likely to last for more than 1 year?	
8. Is the employee permanently unfit? If so, please advise on redeployment, medical retirement and pension recommendations as appropriate.	

SECTION D – SPECIFIC REFERRAL QUESTIONS

Please outline below any specific questions to be addressed by the Occupational Physician including any relevant background information such as recent job changes, work place issues, performance concerns etc.

SECTION E – CONFIRMATION AND SIGNATURE

I confirm that the employee has been informed of the content and reason for referral.

Name & Signature	
Post & Position	

SECTION F – CHECK LIST

Have you included the following where relevant?

- Sickness absence record ?
- Risk assessments e.g. manual handling/workplace stress ?
- Job description ?