**CONFIDENTIAL**

**oh *Occupation Health and Wellbeing***

**(OCCUPATIONAL HEALTH) – Case conference and additional information request form**

**Please use this form**

1. Where the Referring Manager / OD Case Manager requires written further information after an employee’s Occupational Health appointment in the preceding 3 months
2. Where the Referring Manager / OD Case Manager requests a case conference to discuss an Occupational Health case in more detail

**Please note:** Where a Referring Manager / OD Case Manager wishes to seek verbal clarification following receipt of an Occupational Health letter or report, a telephone call to oh *Occupational Health and Wellbeing* on 01223 217676 should be made. oh reception will ask for the name of the employee and the clinician so that the medical notes can be pulled. The clinician will ring back. To comply with the GMC guidance for Occupational Health, no new information can be given.

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1 REFERRER’S DETAILS** | | | |
| **Surname** |  | **Forename** |  |
| **Job title** |  | **Department** |  |
| **Division/Corporate area** |  | **Extension Number** |  |
| **Email address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 EMPLOYEE’S DETAILS** | | | |
| **Surname** |  | **Forename** |  |
| **Job title** |  | **Department** |  |
| **Box Number** |  | **Daytime Phone Number** |  |
| **Email address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3 CASE CONFERENCE OR ADDITIONAL QUESTIONS REQUEST** | | | |
| **Case Conference** | yes/no |  |  |
| **Additional questions** | yes/no |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4 PEOPLE REQUIRED AT CASE CONFERENCE** | | | |
| **Name** |  | **Name** |  |
| **Job title** |  | **Job title** |  |
| **Name** |  | **Name** |  |
| **Job title** |  | **Job title** |  |

|  |  |
| --- | --- |
| **SECTION 5 CASE CONFERENCE TO BE HELD** | |
| **Venue** |  |

|  |
| --- |
| **SECTION 6 REFERRAL INFORMATION** |
| **Last referred to oh *Occupational Health and Wellbeing* on:** |
| **Occupational Health Clinician seen:** |
| **Update on work situation since last referral:** |
| **Specific questions to oh *Occupational Health and Wellbeing*:** |
| **Please confirm that you have discussed this request with the employee concerned?**  - If not, **oh *Occupational Health and Wellbeing*** will be unable to respond until this is in place. |
| **Other relevant information** – e.g. procedure, stage of procedure, sick pay – full/half/nil |
| **Request for case conference?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 7 FOR OH USE ONLY** | | | |
| Await next consultation – DATE:  Telephone consultation  Book follow-up appointment (previously discharged  Recommend a case conference | | | |
| **Date:** |  | **Signature** |  |
| **Print Name** |  | **Designation** |  |

**CIRCULATION**

**Please send this form as an attachment to** [**mailto:add-tr.ohhelpline@nhs.net**](mailto:add-tr.ohhelpline@nhs.net) **on the understanding that the following guidance is followed:**

1. The email subject line must not contain any confidential information about the employee. Please state **FAO (NAME OF Occupational Health CLINICIAN SEEN)** in the email subject box.
2. The confidential email must only be shared with the employee and OD; **not forwarded on to any other person.**
3. The information in the form must be shared with the employee (by telephone or in a face to face consultation)
4. A copy of the form must be printed and filed in the employee’s personal file.