**CUH SELF-REFERRAL FORM**

**IMPORTANT, please read the following prior to completing the form.**

**To assist oh *Occupational Health and Wellbeing* with your assessment, please complete this pre-assessment questionnaire and forward it to oh *Occupational Health and Wellbeing*, Box 172, Cambridge University Hospitals, Hills Road Cambridge CB2 0QQ or email to:** [**add-tr.ohhelpline@nhs.net**](mailto:add-tr.ohhelpline@nhs.net)

**You must be an actual employee of CUH to be eligible for the Occupational Health service. If you are based on the hospital site but are employed by a third party, eg social services, discharge services, etc, you will not be eligible to self-refer.**

**This questionnaire is confidential and will be added to your health record. To enable us effectively support you, please ensure that you complete the form in full.**

**Please be aware that if you are requesting support to changes in your hours, shift patterns and adjustments at work, a report will not be supplied and therefore we encourage you to ask your manager to submit a management referral form to support you with these requests. We cannot advise guidance unless responding to Manager and HR.**

**Please attach any relevant risk assessments such as Covid, Stress, New and Expectant Mothers, Job Description – if you think this will help with your appointment.**

**1. Employee details**

Name: Title:

Known as: ……………………………………………….. Preferred Pronouns: ………………………………………….

Date of Birth:

NHS Number: ……………………………………………………...

Home Address:

NHS Email Address:

Contact number: Work telephone number:

Date of starting employment with the Cambridge University Hospitals:

Date of appointment to present post (if different):

GP name and address:……………………………………………………………………….................................................

………………………………………………………………………………………………………………………………………………

GP telephone number:……………………………………………………………….

**2. Job details (please ensure you meet the criteria for referral as above)**

Job Title:

Department:

Department Address:

Hours of Work:

Work Pattern:  Full-time  Part-time  Job Share  Other *(Please specify)*

Overtime:  None  Occasional  Regular

**3. Manager details – *your manager will not be contacted prior to your initial appointment with* oh *Occupational Health and Wellbeing and will only be contacted following your appointment if believed necessary or beneficial to do so and with your written consent.***

Name of Manager:

Position:

Department:

Contact telephone number:

Email address:

**4. Job demands/exposures**

Please tick relevant boxes

Deskwork  Biological agents  Work at heights

Computer work  Respiratory sensitisers  Operating machinery

Standing  Chemicals  Lifting and carrying

Driving  Noise  Work pressure *e.g. tight deadlines*

Night working  Work in confined space  Clinical work

Lone working  Vibration  Other *eg.teaching, management of staff*

**5. Reason for self-referral (You must be an employee of CUH otherwise your referral cannot processed/triaged) Please complete this section in full**

1) Why are you making this self-referral?

2) How might oh *Occupational Health and Wellbeing* be able to help you?

3) What outcomes are you hoping to achieve?

4) Please include all relevant information *e.g.* *specific tasks required of the job, health/attendance/performance issues and any domestic issues that could be affecting these.*

**6. Please list any current symptoms that are troubling you:**

1. **Have you had these symptoms before?** *if yes please give dates and details and include any treatment received*
2. **Have you consulted your GP about your current symptoms?** *If yes please give dates and details and where relevant include diagnosis given and treatment received*
3. **Where relevant please give details of sickness absence for the last twelve months,** *e.g. number of days per occasion, reasons for absence*

**7. Please list any medication that you take** *please include the dose and frequency*

**8. Have you sought assistance from other services within the Trust?** *e.g., Human Resources, Organisational Development, Risk and Safety, Union*

Yes  No

If yes please indicate who:

**9. Have you completed a Stress Risk Assessment (if concerns are stress and/or anxiety?)**

Yes please attach No  N/A

**10. Have you completed a New and Expectant Mothers Risk Assessment?**

Yes please attach No  N/A

**11. Appointment arrangements**

Where applicable please indicate where the oh *Occupational Health and Wellbeing* appointment details should be sent:

(i) home

(ii) work

The main purpose of an occupational health assessment with oh *Occupational Health and Wellbeing* is to provide you with an opportunity to seek confidential advice about your health and your work and how they might interact.

**Ordinarily, self-referrals will not result in written reports to anyone. If you are seeking written recommendations from oh *Occupational Health and Wellbeing*** **to your manager, please ask your manager to complete a written referral.**

**Signature: Date:**

**Please attach a current Job Description – if applicable**