**Patient initiated follow up – appointment request form**

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

**Please note we aim to review and triage appointment requests in 5 working days. If you urgently require support, please contact your GP or primary health provider.**

**To assist oh *Occupational Health and Wellbeing* with your assessment, please complete this 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**

**You must have attended an appointment with the OH service, and been advised by your clinician that you are being placed on patient initiated follow up, to use this form to request a further appointment.**

**Only appointment requests that fall within the specified timeframe and criteria for a patient initiated follow up will be approved.**

**If you have not been placed on patient initiated follow up or do not have a follow up appointment booked you should seek a new referral through either your line manager or the self-referral process; further details are available on our website** [**https://ohwellbeing.com/improving-workforce-health/absence-management/**](https://ohwellbeing.com/improving-workforce-health/absence-management/)

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

**1. Employee details**

Name: Title:

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

Date of Birth:

Home Address:

NHS Email Address:

Contact number: Work telephone number:

**2. Manager details –** please note your manager will be informed if a follow up appointment is booked.

Name of Manager:

Position and department:

Contact telephone number:

Email address:

**3. Details of last appointment**

Date of most recent appointment with OH:

Name of Clinician last seen (if known):

**4. Reason for requesting appointment Please complete this section in full**

1) Why are you requesting an appointment?

[ ]  A change to your health/condition (since your previous appointment) which is impacting on your work

[ ]  Further support and recommendations required to support your role and work

[ ]  Other – please detail:

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 regarding any changes since your last appointment *e.g.* *changes to your health or medications, any input from other health services, change to your role or work*

**5. Have you discussed your concerns with your line manager or employee relations?**

Yes [ ]  No [ ]

If no, please indicate reasons:

**6. Appointment arrangements**

Please detail any specific unavailability (days/times) for an appointment in the next 4-6 weeks:

**Signature: Date:**