**CONFIDENTIAL**

**Occupational Health Physiotherapy Self-Referral Form**

Are you a CUH employee? **Yes**  **No**  *If no, you are not eligible for this service*

**How did you hear about the service?**

oh Occupational Health and Well Being Website

Colleague

Manager

Connect

Family or Friend

Other (*Please Specify*) -

**This questionnaire will be added to your confidential occupational health record**

1. **Employee details**

Name: Title:

Preferred Pronouns:

Date of Birth:

Home Address:

Work email Address:

Contact Number: Work Extension:

I am happy to be left an answerphone message *(please mark X)* **Yes**  **No**

GP Surgery:

1. **Job details**

Job Title:

Department: Are you a CUH employee? **Yes**  **No**

*If no, you are not eligible for this service.*

1. **Appointment arrangements**

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

(i) Home  (ii) Work  (iii) Appointment date already confirmed

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

1. **Reason for self-referral**

Please provide a brief description of your symptoms/condition:

*e.g. pain/ache/weakness/abnormal sensation, severity of symptoms, aggravating factors etc.*

Onset of symptoms: Less than 2 weeks  2-6 weeks  More than 6 weeks

Are your symptoms: Improving  Worsening  Staying the same

Have you had Occupational Health Physiotherapy for this problem before? **Yes**  **No**

Are you under Occupational Health for this problem? **Yes**  **No**

Have you consulted your GP regarding this problem? **Yes**  **No**

Are you currently off work due to this problem? **Yes**  **No**

Is the problem a result of an accident at work? **Yes**  **No**

Are you experiencing repeated episodes of sickness for the same problem? **Yes**  **No**

Have you needed to alter your workload, duties or hours due to this problem? **Yes**  **No**

If yes, Please provide more details:

1. **Confidentiality and Consent**

**There may be a need to gain additional information/records to support your referral and treatment prior to your appointment.**

I consent to the above statement

I do not consent to the above statement and would like to be contacted regarding this

**Signature: Date:**

Once completed please forward the referral onto: oh *Occupational Health and Wellbeing*, Box 172, 30 long road, Cambridge, CB2 0SZ or email to: [**add-tr.ohhelpline@nhs.net**](mailto:add-tr.ohhelpline@nhs.net)