**Independent Medical Services**

**Referral for Assessment**

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| --- | --- |
| Company/Organisation |  |
| Job title and description job demands relevant to this referral |  |

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| --- | --- |
| Employee’s full name |  |
| Date of birth |  |
| Address |  |
| Telephone Numbers | Home |
| Work |
| Mobile |

|  |  |
| --- | --- |
| Length of service |  |
| Is the employee currently at work? | Yes  No |
| If not, when did absence commence? |  |
| Reason for absence | |

|  |  |  |
| --- | --- | --- |
| Reason for referral and points to be addressed: (double click on the check boxes to check them) | | |
| Poor absence record  Long-term sickness absence  Performance deterioration  Fitness for work  Pre-employment/redeployment  Return to work following long term sickness  Return after accident at work | Likely date of return to work  Likelihood of further sickness absence  Ill health caused by work  Health issues related to conduct/disciplinary issues  Temporary/permanent workplace restrictions  Advice on ill-health retirement  Alcohol/substance misuse | |
| Other reason – please specify | Fitness for alternative duties – please specify available redeployments | |
| Is the employee aware of this referral? | | Yes  No |
| Is the employee aware of the reasons for this referral? | | Yes  No |
| The answers to both of the above questions must be in the affirmative and we advise that the referral form is shown to the employee before the appointment. | | |

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| To arrange the first appointment |
| IMS to contact employee OR  Employee to contact IMS |
| We will inform the employer if the employee does not attend the appointment |

|  |  |
| --- | --- |
| Name, address, email address and contact telephone number of the person to whom this report should be sent: | |
| Signature | Date |

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| Additional Comments, Information or Queries – **please comment on any performance or disciplinary issues, adjustments or restrictions already implemented etc.** |

Whenever possible, please include a job description with the referral and, if appropriate, a copy of the sickness absence record.

Please note that following the assessment and report dialogue between the employer and the examining physician must be conducted in writing or by email.

### GMC Guidelines

General Medical Council guidelines require the physician to offer to show the employee the report before it is sent to the employer in order that any factual errors can be corrected and to ensure that there are no surprises for the employee. The employee is not entitled to ask the doctor to alter opinion unless that opinion is based on erroneous information but the employee can withhold consent for the report to be sent to the employer, in which case the employer will have no option but to act on information that is already in its possession.

Our policy is to explain what will be contained in the report and to offer the employee the opportunity to see the report prior to its being sent. Experience has shown that the majority of employees are content for the report to be sent without further delay with a copy sent to them at the same time but in cases where the employee elects to see the report before it is sent to the employer there may some delay in the employer receiving it.

Occupational Medicine-All Consent Forms-Occupational Medical Referral Form