HEALTHBRIDGE

OCCUPATIONAL HEALTH LTD

BRIDGING THE GAP BETWEEN HEALTH AND WORK

OCCUPATIONAL HEALTH REFERRAL FORM

Co No: 16615396 | GMC: 7285162 | www.healthbridge.org.uk

Once completed email to: contact@healthbridge.org.uk | All information treated in strict confidence

SECTION 1 — REFERRAL INFORMATION

REFERRAL TYPE: ☐ Employer Referral ☐ Employee Self-Referral

PRIORITY: ☐ Routine (3–5 business days) ☐ Priority (48-hr report +£100)

SERVICE TYPE: ☐ Standard (£325) ☐ Complex (£450) ☐ Additional Services (£125/hr)

Complex cases: neurodiversity | misconduct/disciplinary/suspension | contested/long-term absence (3+ months) | more than 8 referral questions

SECTION 2 — REFERRING ORGANISATION DETAILS

ORGANISATION NAME:

ORGANISATION ADDRESS:

HR CONTACT NAME: **JOB TITLE:**

PHONE: **EMAIL:**

SECTION 3 — EMPLOYEE DETAILS

FULL NAME: **DATE OF BIRTH:**

PHONE: **EMAIL:**

JOB TITLE/ROLE: **WORK PATTERN:**

ABSENCE START DATE: **FIT NOTE EXPIRY:**

SECTION 4 — REASON FOR REFERRAL

REASON FOR REFERRAL:

ADJUSTMENTS ALREADY IN PLACE (if any):

SECTION 5 — REFERRAL QUESTIONS (Max 8 for Standard Assessment)

Focus on functional capacity and workplace impact. Additional questions beyond 8 billed at £125/hr, confirmed in advance.

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SECTION 6 — ADDITIONAL CLINICAL INFORMATION (Optional)

Do not include confidential medical records without consent. Provide relevant contextual background only.

PREVIOUS OH INVOLVEMENT: ☐ Yes ☐ No ☐ Unknown

IF YES — BRIEF SUMMARY:

ACTIVE DISCIPLINARY / LEGAL PROCESS: ☐ Yes ☐ No

IF YES — PLEASE SPECIFY:

ANY OTHER RELEVANT INFORMATION:

SECTION 7 — EMPLOYEE CONSENT AND DECLARATION (Completed by Employee)

By signing I confirm I have read and understood the following and consent to proceed with an OH assessment by HealthBridge Occupational Health Ltd:

1. NATURE: This is an advisory OH service — not a medical diagnosis, legal opinion, or medico-legal report. Advice supports workplace decisions only.
2. REPORT USE: Report prepared for my review only. Released to employer solely with my separate explicit consent. HealthBridge not responsible for use in legal, disciplinary or tribunal proceedings.
3. CONTENT: Work-focused recommendations only. Personal medical details not disclosed without explicit written permission.
4. DATA: Information processed under GDPR and Data Protection Act 2018. Records retained per OH medical records policy (min 8 years).
5. SCOPE: Reports are advisory only — not medico-legal expert witness, insurance, or safety-critical reports.
6. VOLUNTARY: I may withdraw consent at any time prior to the report being finalised.

EMPLOYEE SIGNATURE: **DATE:** **PRINT NAME:**

SECTION 8 — REFERRING MANAGER DECLARATION (Completed by HR / Manager)

By submitting this referral I confirm that:

- The employee has been informed that an OH referral is being made and the reason for it.
- Referral questions focus on functional capacity and workplace impact, not clinical diagnosis.
- The HealthBridge report is advisory — workplace decisions remain the responsibility of the employer.
- Additional questions beyond standard scope may incur fees (£125/hr), confirmed in writing before work begins.

MANAGER SIGNATURE: **DATE:** **PRINT NAME:**

IMPORTANT NOTES:

- Standard assessments include up to 8 referral questions. Additional questions billed at £125/hr, confirmed before work begins.
- Priority 48-hour turnaround applies to report drafting following consultation. Report release always requires employee consent.
- HealthBridge reports are advisory and clinical — not medico-legal expert witness reports and cannot be used as such in tribunal proceedings.
- Full terms, privacy policy and data protection information available at: www.healthbridge.org.uk