



Self Referral Form

To assist Occupational Health (OH) with your assessment, please complete this pre assessment questionnaire and forward it to OH, 16 Mill Lane, Cambridge, CB2 1SB or via the UMS.

Please refer to the 'Referral Information' (https://www.oh.admin.cam.ac.uk/services/referral-process ) when completing this form.

Data Protection Information - the information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement

1. Employee / student details

Name: ..... Title: .....

Date of Birth: .....

Home Address: .....

Email Address: .....

Contact number: ..... Work telephone number: .....

Date of starting employment with the University of Cambridge: .....

Date of appointment to present post (if different): .....

GP name and address: .....

GP telephone number: .....

2. Job details

Job Title: .....

Position type: Academic / Academic related / Assistant / Student (if applicable) Grade: .....

Department: .....

Department Address: .....

Hours of Work: .....

Work Pattern: [ ] Full-time [ ] Part-time [ ] Job share [ ] Other (Please specify)

Overtime: [ ] None [ ] Occasional [ ] Regular

3. 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 e.g. teaching, management of staff

Please provide a brief overview of your current role:

**4. Supervisor details** – *your supervisor would not be contacted prior to your initial appointment in OH and would only be contacted following your appointment if believed necessary or beneficial to do so and with your written consent. If, however, you are seeking written recommendations from OH to your supervisor please ask your supervisor to complete a management referral form.*

Name of supervisor:.....Position: .....

Department: .....

Contact telephone number: .....

Email address: .....

**5. Reason for referral**

Please provide the reasons that you are requesting a referral and include any relevant information e.g. *specific tasks required of the job, health / attendance / performance issues and any domestic issues that could be affecting these.*

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

(ii) **Have you had these symptoms before?** *if yes please give dates and details and include any treatment received*

(iii) **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*

(iv) **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 University?** *e.g., Human Resources, Disability Resource Centre, Staff or Student Counselling Service, Union*

Yes  No

If yes please indicate who and when:

**9. Appointment arrangements**

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

- (i) at home
- (ii) at work
- (iii) via email
- (iv) appointment date already confirmed

**10. Consent**

The main purpose of the occupational health assessment is to provide advice about current symptoms / health issue and any recommended further advice and / or action.

I understand that self-referrals do not normally result in written reports to my supervisor / department. If, following the assessment written recommendations from OH are required a management referral will be advised.

**Signature:** ..... **Date:** .....

**Please attach a Job Description and / or PD33 – if applicable**

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**Office use only:**

OHP appointment       SOHA appointment       OHA appointment

Tel consultation       OHA       OHP

Practitioner:

OHA signature: .....

Print name: ..... Date.....

Date of first OH appointment offered: .....