T:0845 450 7316 E: info@workfuture.co.uk www.workfuture.co.uk

Physiotherapy/Ergonomic Referral Form

NAME OF ORGANISATION: **Date of Referral:**

Please can you arrange to see the following employee who has been advised of this referral and its purpose?

Personal Details of Employee being Referred

Name: ……..... Date of Birth: ……..

Address: ……..

……Postcode ……..…

Tel: ……: …… Mobile……Email……..……

Employment Details

Job title: ……Dept: …….. Shift: ……..……

Manager: ……..……

Reason for Referral (please tick ☑):

❑ **Physiotherapy Treatment**
❑ **Fitness to Work** ❑ **Workstation Assessment**
❑ **Functional Capacity Evaluation**
❑ **DSE Ergonomics assessment**
❑ **Driver Ergonomics Assessment**
❑ **Manual Handling Assessment**

The Physiotherapy/Ergonomic Assessment is to be carried out

❒ **CLINIC APPOINTMENT**

❒ **HOME-VISIT for driver assessment/home-working only**

Address …….

Email…… Mobile:……Tel:……..

❒ **WORKPLACE VISIT**

Address:…….
…….
Manager's Name:…….. Tel: ……..……

Manager's Email Address……...

Additional Information - Please indicate the problems the employee has been having at work and what has been done to resolve them

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The reason for this referral has been explained by:

Manager's
Name: ..... Signature: ..... Date: .....

I confirm the reasons regarding this referral have been discussed with me and I consent to a report being prepared by the Occupational Health Provider in relation to this referral. I accept information relating to this referral will be held under the rules governing Medical Confidentiality and the Data Protection Act.

Employee's signature: ..... Date: .....