

**Occupational Health Self-Referral Request**

|  |
| --- |
| **Referral information** |

Please complete this form and submit to occhealth@imperial.ac.uk or by post to Occupational Health, Imperial College London, Level 4, Sherfield Building, South Kensington Campus, London SW7 2AZ.

This information will help us respond to you effectively, usually within 48 hours.

**Data Protection Information**

The information that you supply on this questionnaire will be held in confidence by the College Occupational Health service as part of your Occupational Health record, please refer to the Occupational Health Privacy Notice: [www.imperial.ac.uk/occupational-health/privacy-notice](http://www.imperial.ac.uk/occupational-health/privacy-notice)

|  |
| --- |
| **Personal details** |
| **Full name** |  |
| **Title** | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Dr [ ]  Other |
| **Staff** [ ]  **CID** | **Postgraduate** [ ] **DOB** |  |
| **Contact telephone number** |  |
| **Email address** |  |
| **Department/ Division/Section** |  |
| **Campus** |  |

|  |
| --- |
| **Reason for referral** |
|  *Tick all relevant boxes* [ ]  Work health concerns [ ]  Mental health / stress [ ]  Muscle / joint issues [ ]  Safety issues [ ]  Accident follow-up [ ]  Stop smoking support [ ]  Other please specify:      **Please provide further details before submitting the request:** ***If you think muscle/joint/pain issues are due to your computer workstation setup, please speak with your line manager before submitting this form. Your manager will arrange a Computer Health Assessment with your designated Assessor (as per the College’s Computer Health Safety Policy). If after trialling their recommendations you still have health issues, then Occupational Health will be happy to receive your referral and discuss further adjustments.*** |

**I would like a:**

**Face to face appointment (on site in the OH department)** [ ]

**Remote consultation** [ ]

|  |
| --- |
| **For OH use only** |
| **Case manager** | **[ ]** Advisor **[ ]** Nurse **[ ]** Technician |
| **Appointment length****Date …………………**  | **[ ]** 10 **[ ]** 20 **[ ]** 30 **[ ]** 40**Ergo space trial ……………….** |