

Management Request for Medical Advice

Referral details Addressee only - In confidence

Re:	Employee name	Department/Location	Date of birth
	Contact details		
	Description of duties		

Reason for referral – Please ensure that the employee understands the reason for this referral

- Return to work after sickness absence (4 weeks or more) *Give start/finish dates and reason for absence*
- Continued sickness of more than 4 weeks in one spell *Give start date, certified reason for absence and date of expiry of current sick note*
- Possible health problem affecting job performance *Say how performance has been affected*
- Review of medical restrictions or disability
- Other (give details)

Please give a description of the issue that has prompted this referral. Try to explain what information you would need from a medically qualified person, which would help you to manage your employee.

Continue overleaf or on a separate sheet if necessary and attach any relevant documentation.

Agreement

The Data Protection Act and General Medical Council guidance apply to this process so your employee must be aware of the reasons for this referral. They can ask to see this document and have a right to see any medical report that relates to them before it is released. If an agreed appointment is cancelled less than 48 hours in advance, if the employee misses their appointment or if they will not consent to the release of our report then we will still charge the full amount of our fee.

Name of manager	location, telephone, e-mail
Signed	Date