# Occupational health referral letter template

> A good occupational health referral does four things: identifies the person and the real demands of their job, summarises the absence factually, records what you have already tried, and asks specific, answerable questions. The single biggest cause of a useless OH report is a referral that says "please advise". The full template is below, with consent wording and a list of what to leave out.

## What is an occupational health referral letter?

It’s the written request that sets up an OH assessment. Everything the OH adviser knows about the job comes from it - they haven’t seen the role, the rota or the last six months of emails. Write it thinly and you get advice written thinly.

Before you write one, check the referral is the right step at all: when to refer to occupational health covers the triggers and the three cases where a referral is the wrong move.

## What should an occupational health referral include?

Copy everything from section 1 to section 6 and replace each [bracketed placeholder].

### 1. The basics

- Employee name: [] Date of birth: [] Employee number: []
- Job title: [] Department: [] Length of service: []
- Contract hours and pattern: [e.g. 37.5 over 5 days, occasional weekend on-call]
- Referring manager and contact: [] HR contact: []
- Current status: [at work / at work with adjustments / absent since [date]]
- Reason for referral in one sentence: []

### 2. Absence history - facts only

- Current absence: from [date], reason stated on fit note: []
- Fit notes received: [dates, and what each said - not fit / may be fit and which boxes]
- Absence in the last 12 months: [] days over [] occasions
- Any pattern the employee has told us about: []
- Contact since the absence began: [frequency and by whom]

### 3. What the job actually demands

- Physical: [lifting up to X kg, standing X hours, driving, ladders, PPE]
- Environment: [temperature, noise, lone working, night shifts, travel]
- Cognitive and emotional: [sustained concentration, deadline pressure, distressing content, customer conflict]
- Hours and pattern: [shift lengths, rotation, on-call, weekend requirement]
- The parts of the role that cannot be removed: []
- The parts that could realistically be adjusted or reallocated: []

**4. What we have already tried**

- Adjustments made to date: [what, from when]
- What happened: [helped / partly helped / no change - and how we know]
- What the employee has asked for: []
- What we have declined or could not do, and why: []
- Support offered: [EAP, counselling, equipment, phased return]

**5. Our questions**

- Is [name] currently fit to carry out the duties described in section 3? If not, which specific duties are affected?
- If they are not fit now, when is a return to work likely to become possible, and on what basis?
- What specific adjustments would enable a return or sustain attendance - and for how long should each one run?
- If a phased return is advised, what start point and build-up do you recommend over what period?
- Is the condition likely to be long-term? Are there facts we should take into account in deciding whether the Equality Act 2010 definition of disability is met?
- Are there any health and safety restrictions we must apply - driving, working at height, lone working, night shifts?
- Is the employee's work contributing to the condition? If so, which factors?
- Is any further assessment, treatment or referral in progress that would change your advice, and when should we review?
- Would you recommend we see you again, and if so when?

**6. Consent and logistics**

- "I confirm this referral has been discussed with [name] and a copy given to them before it was sent."
- "[Name] has consented to this referral and to a report being prepared and sent to [role/name] at [employer]."
- "[Name] has been told they may ask to see the report before it is sent to us, that they can raise factual inaccuracies with the OH adviser, and that they may withdraw consent at any point."
- "The report will be held by [role] as special category data under UK GDPR, accessible only to [named roles], and retained for [period] in line with our retention schedule."
- Appointment preferences: [in person / video / telephone; access needs; interpreter]
- Date needed by, and why: [e.g. review meeting scheduled for [date]]

## What questions should you ask occupational health?

The rule is simple: ask about function and timescale, not about illness. A question an OH adviser can answer sounds like "can this person drive a van for six hours a day?". A question they can't sounds like "is this absence genuine?"

- Section - What it's for - Common mistake

- Job demands - gives OH something concrete to assess fitness against - pasting the job advert instead of the real week
- Absence history - shows the pattern and scale objectively - editorialising - "always off on a Monday"
- What you've tried - stops OH recommending what already failed - leaving it blank, so the advice is generic
- Your questions - defines what the report has to answer - "please advise" - the single commonest fault
- Consent - makes the assessment lawful and workable - assumed rather than obtained and recorded

More on where the line sits - and what OH will decline to tell you - in what an employer can ask occupational health.

## What should you not put in a referral?

- Your theory about the diagnosis. You are not qualified to offer one, and it colours the assessment.
- Doubt about whether the person is genuinely unwell. If that's the concern, it belongs in your own procedure, not in a clinical referral.
- Performance or conduct grievances. Keep them out - see capability vs conduct.
- A request for the diagnosis. You almost never need it, and asking signals you've misunderstood the service.
- The decision itself. "Please confirm whether we can dismiss on capability grounds" is not an OH question. That judgement is the employer's - the Court of Appeal in Gallop v Newport City Council [2013] EWCA Civ 1583 was clear that an employer "cannot simply rubber stamp the adviser's opinion".
- Anything you wouldn't show the employee. They should be reading it before it goes.

## Does the employee have to see the referral?

No statute forces it for a straightforward OH assessment, but sharing it is both good practice and the practical basis of consent. Faculty of Occupational Medicine guidance is that the individual should be informed about the purpose and nature of the assessment and give informed consent to the process and the preparation of any report - which is hard to do if they haven't read what's being asked. Consent can also be withdrawn at any stage.

Different rules apply where you're seeking a report from the employee's own GP or treating specialist rather than an independent OH adviser - that engages the Access to Medical Reports Act 1988, with notice, pre-access and amendment rights. Can an employee refuse an occupational health referral sets out the distinction and what to do when someone says no.

Once the report lands, the next steps are usually a sickness absence review meeting and a written phased return to work plan. Check the fit note against the advice using the fit note employer guide, and if repeated short absences prompted the referral, review your trigger points and the Bradford Factor. For mental health referrals, the mental health absence guide covers the conversation around it.

> A free template from CoDash - codash.co.uk/templates. Edit it to match how your company actually works, and take advice on anything unusual.