

**THE HIGHLAND COUNCIL**

**REFERRAL TO OCCUPATIONAL HEALTH**  
**PRO-FORMA**  
**(Medical in confidence)**

In assessing any employee referred to the Occupational Health Service for a medical opinion and reporting to his/her own employer, it is important that we are in receipt of all the relevant facts. Please complete the following sections:

<b>EMPLOYEE'S DETAILS</b>	
NAME	
DATE OF BIRTH	
ADDRESS	
TEL NO.	
G.P Name & Address	
<b>EMPLOYER'S DETAILS</b>	
NAME OF MANAGER	SERVICE
AREA	TEL NO.
ADDRESS	
TYPE OF REFERRAL (Please tick) Self <input type="checkbox"/> Manager <input type="checkbox"/> Personnel <input type="checkbox"/> Other <input type="checkbox"/>	
<b>EMPLOYMENT DETAILS</b>	

