WorkFit Referral Form

Date:

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| **Personal Details** |
| First Name Click here to enter Surname Click here to enter  Address Click here to enter Post Code Click here to enter  D.O.B Click here to enter Email Click here to enter  Telephone Click here to enter Permission to leave message **Yes**  **No**    Name of Employer Click here to enter |
| **Referral Details** |
| Referral made by GP  Employer  Self  Other Click here to enter  Name of referrer Click here to enter  Address of referrer Click here to enter  Postcode Click here to enter  Has the person got a Fit note? **Yes**  N**o**  Expiry date? Click here to enter  Is the person receiving support via Occupational Health/other? **Yes**  **No**  Click here to enter  Additional Information i.e. interpreter, BSL etc. Click here to enter |
| **Reason for Referral** |
| Physical health  Mental health  Both  Please describe the situation Click here to enter |
| **Authorisation for Referral** |
| The person is aware of this referral to Workfit Plymouth **Yes**  **No**  Please email completed forms to [workfit.plymouth@nhs.net](mailto:workfit.plymouth@nhs.net)  If you would like any more information please call 01752 437177 |