

**Performance and Attendance Management Referral Form****Employee details**

\*Employee Number: 12321

- First name: Priya
- Last name: Ali
- Position: Section Admin
- Telephone number: 07456232111
- Mobile: 07456232111
- Email: Priya.ali@gmail.com

**Personal**

Gender identity: *Female*

Preferred pronoun: *She/Her*

**Referring Manager details**

Name: Bill

Position: Chorlton

Telephone number: 07562355244

Email: [b.charlton@networkrail.co.uk](mailto:b.charlton@networkrail.co.uk)

**Referral details****\*Reason for referral:**

- At work with health issues
  - *Priya has expressed that she has been experiencing pain in her fingers on both hands and pain in her lower back.*
  - *Priya has experienced this for over a month.*
  - *Priya has had to take paracetamol at various times during this time to try and relieve some of the pain.*
  - *Priya has completed a DSE assessment about 2 weeks ago. This highlighted an issue with screen glare (screen provided) and monitor height (Priya has adjusted this) but nothing else.*
  - *Priya does a lot of screen work. Some of the tasks required in the role are repetitive and involve a lot of work using the mouse.*
  - *Priya has also self-referred to Vita and will be attending an appointment in November 2023.*

**Conditions relevant to the referral:**

- Musculoskeletal

**\*Has the employee indicated that their health issue may be?**

- Not disclosed

**\*Have temporary adjustments been considered/applied?**

- No
- **Specific requirements of the job:**
- Repetitive upper limb movements
- Use of display screen equipment

**Information requested:**

The following will be covered in the assessment and report:

- Advice on the employee's current health status and prognosis of the condition,
- The likely return to work date or return to full duties,
- Advice on current functional ability [If work duties are affected, advice on whether this is likely to be short term, long term or permanent],
- Rehabilitation/return to work plan, advice on adjustments if appropriate, with clear timescale,
- Advice on disability in accordance with UK legislation.

Please specify any additional questions you have:

1. Will Priya need any equipment to alleviate the pain?

**Add any supporting document/s relating to the referral (e.g. GP or Specialist report, risk assessment)**

**Preferred centre location:** *Milton Keynes*

**Adjustments at appointment:** **None**

**Declaration:**

I confirm that I have discussed the reason for this referral with the employee and they are aware of the information being requested and the provision of supporting documents.

I have explained to the employee that as a result of this referral, a report will be provided to me and the HR/secondary contact (if named), and the employee has provided their consent for this.

I confirm the employee agrees to attend an Occupational Health assessment.