

WorkFit Referral Form

Date:

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** **No** 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

If you would like any more information please call 01752 437177