

Creating a Referral

A step by guide to creating a referral for an employee. For ease this guide will focus on a Performance and Attendance Management referral. Other referral types may vary slightly.

1. Go to www.myohportal.co.uk and Log in with your **Username, Password** and 2 digits from your 6 digit **PIN** number
 - N.B this will initially be the same User Name, password and Pin you use for Vista
2. The landing page provides you a quick link to **Create a New Referral**
 - Another way to create a new referral is to navigate to the Actions tab and then Create a New Referral
3. Select the relevant **Service Line** and select **Next**
4. Select the **Service** and **Next**
5. Search for an **Employee** if they have previously been referred or **Next** to create new employee
6. Complete the **Employee Details**, if creating a new employee
 - Fields with a **Red Asterisk** are **Mandatory ***
 - Easy address match – enter the **Postcode** and select **Search**, then select **Next**
 - **Correspondence Details** are to be populated when an employee has specifically advised they would prefer referral correspondence to be sent to an alternative address
7. **Employee Availability**
 - Please note down any time in the next four weeks the employee is unavailable to attend an appointment or any time the employee should not be contacted
8. **Primary Referring Manager** will be pre-populated with your (referring manager) details
9. Select **Yes** to add an additional manager and enter the email address (An additional manager can only be added to the referral if they are an existing OH portal user)
10. **Absence Status**
 - Select **Referral Condition/s** (as many as required)
 - Select **Reason for Referral** from the menu
 - If the employee is **Currently Absent**, you will need to enter the first day of current absence
 - If the employee has a **Recurrent/Short Term Absence**, indicate whether the employee is absent and provide details of previous absences (via individual entries in the referral form or upload a Sickness Absence Report)



Create a New Referral ☆
Select the above link to raise a new referral for a particular service line

<input type="checkbox"/> Service Line	
<input type="checkbox"/> Performance & Attendance Management	
<input type="checkbox"/> Fitness For Task	
<input type="checkbox"/> Workplace Assessments	
<input type="checkbox"/> Immunisation	
<input type="checkbox"/> Pre-Placement	
<input type="checkbox"/> Health Surveillance	
<input type="checkbox"/> Training/Education	
<input type="checkbox"/> Wellbeing	

<input type="checkbox"/> OH Advice Main
<input type="checkbox"/> OH Advice Plus

Employee Details

Select Service Line | Select Service | Employee Search | **Employee Details** | Booking Notes | Referral

Basic Details

Title* --- Select ---	Job Title*
Forename*	Customer Identifier*
Surname*	<small>The Customer Identifier must uniquely number</small>
Gender*	Budget Code
Date of Birth* dd/MM/yyyy	Business Unit* --- Select Business Unit ---

Contact Details

Preferred Telephone Number*	Alternative Telephone Number
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Employee's availability

Select Service Line | Select Service | Employee Search | Employee Details | **Employee's availability**

Employee's availability

Please provide details of:
- Any dates or times of the day that the employee may be unavailable to attend an appointment in the next four weeks
- Any times the employee should not be contacted (e.g. due to working shifts)

Assign Manager(s)

Primary Referring Manager*
OHAssist User2 <ohassistuser2@yopmail.com>

Above will be the primary referral manager for this referral.

Would you like to add an additional manager to this referral? ?*

Yes No

Absence Status

Referral Conditions*

- Anxiety
- Bereavement
- Depression
- Obsessive Compulsive Disorder
- Panic Attacks
- Personal Issues
- Stress
- Trauma
- Work-Related Issues
- Fractures
- Spinal Pain
- Soft Tissue Injury
- Symptoms affecting any joints
- Traumatic Injury
- Upper Limb Disorders
- Other
- Unknown

Reason for referral*
---Please Select---

Creating a Referral

11. Background and History

- Select the applicable **Option** and enter **Comments** (if required)

12. Select **Current Duties** from the options provided

13. Upload Documents (if required)

- Select **Add New Document**
- Select **Choose File** and select the file
- Select **Document Type** and **File Type**

14. Other Health Related Questions

- The outcome report will always include an opinion on the topics listed
- Select **Add Questions** to add up to three additional questions to support the referral

15. Special Instructions

- Select **Any Special Requirements** that are required to be taken into consideration

16. Consent

- Read the **Consent Criteria**
- Select **I Agree**, if you have addressed all points
- Select **Next**

17. If the service is a non-core service, additional authorisation for payment will be required and **Finance Details** need to be provided

- The **Business Unit** will be pre-populated from referral information previously added
- Select **Available Payer** or create a **New Payer**
- Select **Next**

18. Referral Summary

- Check the referral details
- Select **Create Referral**
- Note down the **Referral ID**
- Select **Finish**

19. Referral Acknowledgement

Select, **proceed** to progress the referral

20. Online Booking

will be available for the majority of customers and referral types

- Select **Click here to open booking request**
- Select **Site** (if a Face to Face appointment)
- Select **Date** and **Time**
- Select **Confirm** to verify booking details

21. Draft Referrals

A referral can be saved as a draft at any stage

Save as Draft

The draft referral will be saved in **Tasks** from where it can be progressed at a later date

Tasks (1)

Current Duties

Please select current duties*

- Climbing
- Computer/Display screen equipment work
- Driving
- Handling food
- Manual handling & lifting
- Nightshift working
- Other
- Outside work
- Prolonged sitting
- Security detail
- Standing
- Telephone Work
- Working
- Working with dangerous machinery

Upload Documents

Document: _____ Document Type: _____

No document visible

Upload Documents

Other Health Related Questions

The outcome summary report will always include: advice on the health condition(s) and prognosis, current necessary, if a return to full duties is unlikely, advice on modifications to allow continued, employment, and legislation.

Please specify any additional questions you have

Question

An Additional Question

Add Questions

Special Instruction(s)

Please tell us about any special requirements that may need to be taken into consideration when booking an appointment.

- Access Difficulties (e.g. wheelchair user)
- Hearing Impairment (e.g. requires a signer to be present)
- Speech or language barrier (e.g. requires a translator)
- Learning Difficulties (e.g. unable to communicate effectively without a companion)
- Other communication issues (e.g. phobia of using telephone)

Consent

- I confirm that Mr Peter Jones is aware of the reasons for this referral.
- I can confirm that Mr Peter Jones is aware that additional managers may have been added to this referral and will have access to all relevant information.
- I confirm that Mr Peter Jones is aware of the possible outcomes.
- I confirm that Mr Peter Jones agrees to attend an Occupational Health (OH) assessment (by telephone or face to face), if required.
- I confirm that Mr Peter Jones agrees to an outcome report being written and is aware that this will be available to all listed managers on this referral.
- I confirm that Mr Peter Jones understands that their details may be provided to 3rd party sub-contractors (where necessary) purely for the purposes of delivering the referral.
- I understand that the information I provide may be disclosed to Mr Peter Jones.
- I confirm that Mr Peter Jones gives consent to OH Assist to contact them via text and voicemail where applicable.

I Agree

Business Unit and Payer

Business Unit*

Krakow

Referral Summary for Mr Dean Spence

Select Service Line | Select Service | Employee Search | Employee Details

Referral Details

Service Line: Performance & Attendance Management

Referral Reason: Current absence

Referral Acknowledgement

OH Assist has received your referral and will proceed with scheduling an appointment. You will be notified when this has been arranged.

Proceed

Contact 1: Select Booking Details for Mr K M (6447)

Referral Basic Details

Referral ID: 123456789
Customer: JKL Corporation
Referral Reason: Performance & Attendance Management
Referral Date: 05/08/2021
Referral Time: 09:00:00

Employee Details

Employee ID: 123456789
Name: Mr Peter Jones
Contract No: 000000123456789
Contract Date: 05/08/2021
Referral Date: 05/08/2021

Online Booking

Click here to open booking request

Employee's availability

Please view the availability of the employee for the selected date and time. The availability is subject to change and should be confirmed before the appointment.

Mon 20	Tue 21	Wed 22
+ MORNING 3 available	+ MORNING 3 available	+ MORNING 3 available
+ AFTERNOON 5 available	- AFTERNOON 12.00pm	+ AFTERNOON 5 available
+ EVENING 1 available	+ EVENING 1.00pm	+ EVENING 1 available