

# Work Focused Health Related Assessment

Office stamp


**Our direct dial number is**

Code	Number
------	--------

**If you have textphone, you can call on**

Code	Number
------	--------

**If you get in touch with us, tell us this reference number**

--

**Date**

	/		/	
--	---	--	---	--

## Your assessment

Customer's name

--

National Insurance (NI) number

--	--	--	--	--	--	--	--	--	--

Practitioner

--

Medical Examination Centre location

--

Date of assessment

	/		/	
--	---	--	---	--

Start time

--

End time

--

### 1 How do you see your future, from a health and work point of view?

Free text - summarise discussion.

--

**1 How do you see your future, from a health and work point of view?**

Continued.

**2 What activities do you currently enjoy  
thinking particularly about what may help your health and work prospects?**

**2.1 What activities would you like to do in the future,  
thinking particularly about what may help your health and work prospects?**

**3 What do you feel would help you to achieve your future plans in relation to work?**

Open discussion.

**4 What impact do you feel your health has on your daily life?**

**4.1 Do you receive any help or support from other people with regard to your daily life?**

**4.2 What sort of caring responsibilities do you have, e.g. children or older relatives?**

**5 What impact do you feel your medication has on your daily life?**

**5.1 What impact do you feel your overall treatment has on your daily life?**

**6 Are you trying other ways to help yourself get better or move towards work?**

**7 Can you tell me about any other help that you have had in the past or are currently awaiting that would help you get back to work?**

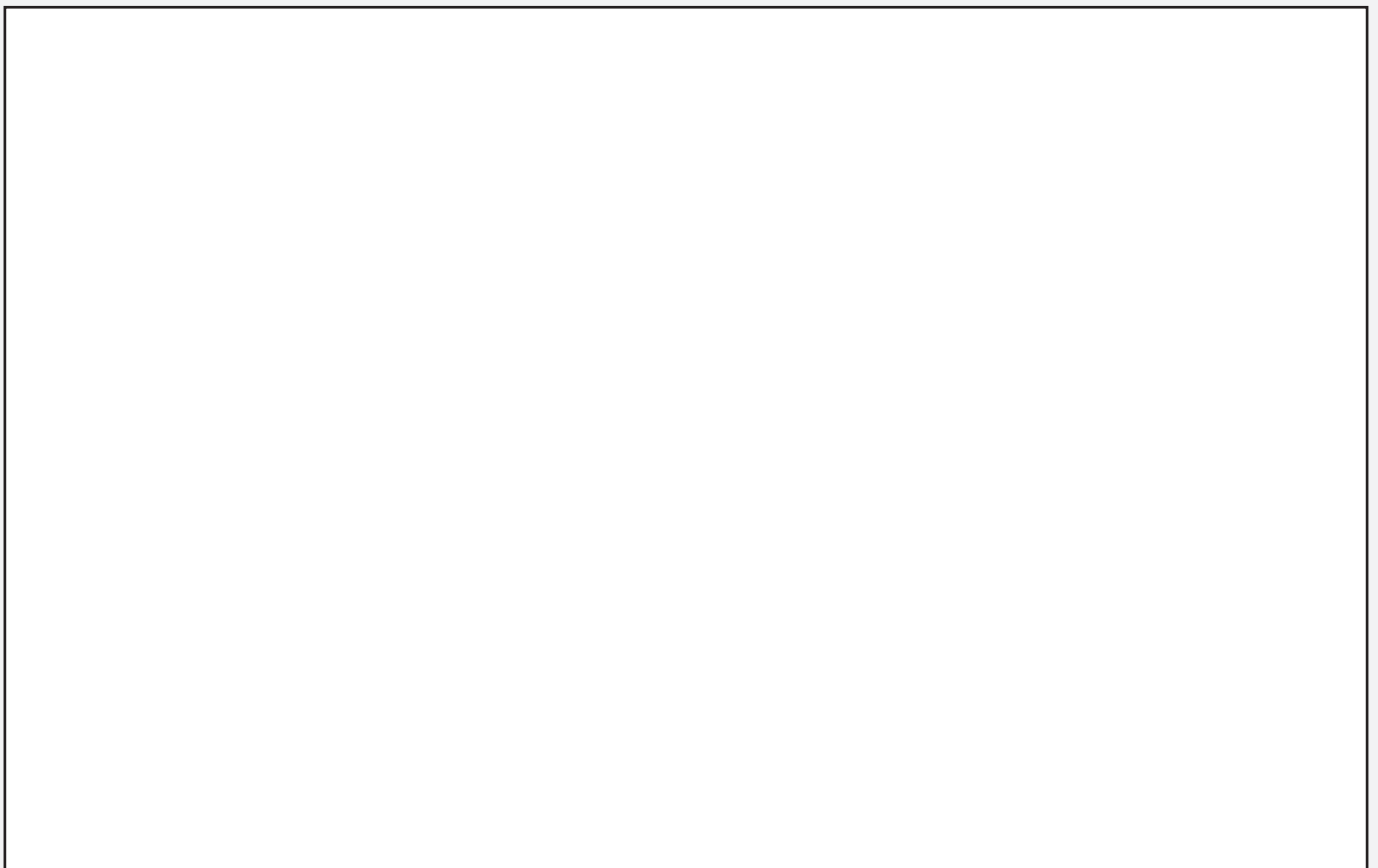
Include investigations undertaken and pending, appointments awaited, any management plan from GP or specialist, support and aids.

**8 Do you feel that you have the right support that you need to help you find work? For example, equipment or transport.**

**9 Is there anything that you think would help you to move towards work, or work related activity?**



**9.1 Is there anything that you think would help you to return to your most recent employment?**



**10 Summary of the assessment.**

HCP to summarise with the customer the overall assessment.

**10 Summary of the assessment.**

Continued.

# Assessment report

Without further intervention the overall condition is likely to

- become more significant
- improve
- fluctuate
- be severe
- be enduring
- unable to predict.

Health and workplace interventions that may assist a return to work include

In my opinion a return to work could be considered

- within 6 months
- more than 6 months

I have completed this form in accordance with the current guidance issued by the Department for Work and Pensions.

**Signature**

**Name**

in CAPITAL LETTERS

*Approved Disability Analyst*

Registered Medical Practitioner

Registered Nurse

Registered Occupational Therapist

Registered Physiotherapist

**Date**

/ /