

PILOT

<p>1 Patients name: National Insurance number: I advised you that:</p> <p>1a <input type="checkbox"/> you are not fit for work.</p> <p>1b <input type="checkbox"/> you may be fit for work taking account of the advice below</p>	<p>2 This form has been completed by a (profession)</p> <p>Practitioners name: HCPC registration number Organisation/Service: Contact details (Address, tel. number, e-mail).</p>
<p>3 Date report completed:</p>	

4 AHP Advisory Fitness for Work Report issued for period from

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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A follow up review is / is not required* has been made for

D	D	M	M	Y	Y	Y	Y
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 *delete as appropriate

5 Patient-reported work-relevant difficulty:

+	+
+	+
+	+

6 With your employer's agreement you may benefit from:

<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptation

7 Patient function-specific difficulties and recommendations

Difficulty	Recommendation

8 Comments:

9 Additional information is provided on ___ accompanying sheets

AHPs please follow the guidance when filling out this form and attach the information sheet for employees, employers and doctors. Employees, employers and doctors, please see information sheet attached.