**Occupational Health**

**Counselling Opt-In Form**

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| --- |
| **Personal Details** |
| Full Name |  |
| Date of Birth |  |
| Ward /Department |  |
| Are you currently at work | Yes | No off sick | No off with work related absence |

|  |
| --- |
| **Contact Details** |
|  |  | Can we leave a message for you |
| Home phone number |  | YES/NO |
| Work phone number |  | YES/NO |
| Mobile phone number |  | YES/NO |
| E mail address |  |
| Home Address |  |
| Address for Correspondence (please circle) | HOME | EMAIL |

Please return this form to ghnt.occupational.health@nhs.net