**Occupational Health**

**Counselling Opt-In Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:ghnt.occupational.health@nhs.net)