## Occupational Health Appointments

Key contacts

Lead occupational nurse: …………………….…………………………………………………

Email: …………………….…………………………………………..……..

Occupational Health Consultant: …………………...…………………………………………………..

Email: …………………...………………………………………………..…

Changes to Key Contacts

Change to occupational nurse

Date ……………………………………..

New occupational nurse …………………………………………………………………..

Email …………………………………………………………………..

Change to occupational nurse

Date ……………………………………..

New occupational nurse …………………………………………………………………..

Email …………………………………………………………………..

Change to occupational nurse

Date ……………………………………..

New occupational nurse …………………………………………………………………..

Email …………………………………………………………………..

Consultations

**Occupational Health Appointment …**

Date of appointment: …………………………….………………………………………………

Clinician: ……..……………………………….. Nurse  Consultant 

Take home messages:

Return to work plan update:

Appointment report release consented 

Date of next appointment: ………………………………...………………………………………….

**Occupational Health Appointment …**

Date of appointment: ………………………….………………………………………………

Clinician: ……..……………………………….. Nurse  Consultant 

Take home messages:

Return to work plan update:

Appointment report release consented 

Date of next appointment: ………………………………...………………………………………….