**Occupational Health New Business Enquiry**

|  |  |
| --- | --- |
| Date Enquiry |  |

**Client Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |  | Contact Name |  |
| Enquiry taken |  | Contact Tele |  |
| TOB’s Sent |  | Contact email |  |
| Quote |  |

**Type of Enquiry**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mgt Referrals |  | Health Surveillance |  | Tender Enquiry |  |  |  | Other |  |
| Clinic |  |  |  | Contract |  | Sub Con |  | Adhoc |  |

**Client & Sector**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Automotive |  | Construction |  | Public Sector |  | Services |  | Other |  |
| Finance/Bank |  | Logistics |  | Manufacturing |  | Retail |  | Food |  |
| No Employees | -50 |  | 51-100 |  | 101-500 |  | 501-999 |  | 1000+ |  |

**Management Referrals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Currently use an OH service Yes/No |  | Main Causes of Absence |  | Drug & Alcohol Testing |  |
| Currently have absence issues Yes/No |  | Muscular Skeletal |  | Colds & General |  |
| Absence % |  | Stress or Anxiety |  | At work restrictions |  |
| Company Sick Pay Scheme Yes/No |  | Long term Absence |  | Work related illness |  |
| Need employment law advice Yes/No |  | Short Term Absence |  | Physio or Counselling |  |

**Health Surveillance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Hazards** | **Yes/No** | **Health Screening** | **Yes/No** |
| Medical or online screening |  | Pre employment Screening |  |
| Is workplace Noisier than 85dba |  | Audiometry |  |
| Is the work place dusty |  | Spirometry (Lung Function) |  |
| Are vibration tools used |  | HAVS Assessments |  |
| Is work safety critical |  |  |  |
| Office workers under Regs |  | DSE Assessments |  |
| Food production or preparation |  | Food Hygiene |  |
| Employees night workers |  | Night worker Assessment |  |
| LGV or non LGV drivers |  | Driver Medical( FLT,LGV) |  |
| Screen for depth perception |  | Vision Screening |  |
| Proactive health surveillance |  | Health Promotion |  |
| Use breathing apparatus or mask |  | Face Fit Testing |  |

**Client Referral Source**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yell.com |  | Word of mouth |  | Previous client |  |
| Other |  | Internet Search engine |  | Advertisement |  |

**Administration**

|  |  |
| --- | --- |
| Quote Created |  |
| Client Visit required Yes/No |  |
| Proposal Sent to client |  |
| Business Won Yes / No |  |
| Terms of business sent |  |
| Follow Up action Yes/No |  |

**Client Requirements**

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| --- |
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