



**MedWise**  
OCCUPATIONAL HEALTH  
TRAVEL HEALTH

**Confidential Doctor to Doctor Form**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Dear Doctor** \_\_\_\_\_,

Your patient has been referred to MedWise by the above employer for a medical assessment. I would be grateful if you would complete the form below giving details of your patient's health status. This will facilitate assessment of his / her fitness for work. Please ensure your patient completes the consent section authorising doctor to doctor communication. Your patient will be responsible for your costs.

Thank you for your assistance.

Dr Deirdre Gleeson MB MICGP MFOM  
Specialist in Occupational Health and Medical Director of Medwise.

<b>Purpose of referral to Medwise:</b>	
Sickness absence assessment: <input type="checkbox"/>	Application for ill health retirement: <input type="checkbox"/>
Pre-employment examination: <input type="checkbox"/>	Fitness for work assessment: <input type="checkbox"/>
Other issue: <input type="checkbox"/>	
<b>Employee consent:</b>	
I, _____ give my consent to Dr _____	
to communicate and release details of my current and past medical history to Dr Deirdre Gleeson of Medwise in order to facilitate assessment of my fitness for work. I understand that no confidential medical details will be disclosed to my employer without my written consent. I understand that I will / will not be responsible for my doctor's costs.	
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Witness:</b> _____	<b>Date:</b> _____
<b>Current medical illnesses:</b>	