



Health Assured

Active Care Call Request Form

Section 1 - Employee Details

Name of Employee:

Employee Date of Birth:

Employee Address:

Employee Contact Telephone Number:

Employee Email Address:

Is this to do with work, personal or both?

Section 2 - Employer Details

Name of referring Manager:

Company Name:

Company Address:

Manager's Contact Telephone Number:

Manager's Email Address:

Is this to do with work, personal or both?

Copy of 'Fit Note' attached?

Yes / No

(please delete as appropriate)

Has verbal consent been obtained from the employee?

Yes / No

(please delete as appropriate)

Please Note: An Active Care referral can only be made **if the employee has consented** to receiving our call. It is important this is discussed with the individual concerned by the referring Manager.

Please send the completed form by email or fax to:

E: activecare@healthassured.co.uk

F: 0870 2387 426