

Employment and Support Allowance

Dr Harmandeep Uppal
ST. GEORGE'S MEDICAL CENTRE
55 ST. GEORGES AVENUE
SHEERNESS
ME12 1QU

36600/60

40230

Our phone number is: 0208795 8761

If you have a textphone,
you can call on: 18001 0208795 8761

If you get in touch with us, tell us this
reference number: NR518365D

Date: 27th April 2017

About your patient

Full Name Miss Katrina Margery

NINo NR518365D

Date of birth 24th May 1967

Address

Flat 1, Wing House, Wing Rd,
Leysdown-On-Sea, Shellness, Sheerness
Kent, ME12 4QR

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Elena Perez Gomez

Version 02/15

