

Employment and Support Allowance

Our direct dial number is

Code	Number
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Textphone users with speech or hearing difficulties call

Code	Number
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If you get in touch with us, tell us this reference number

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Date

	/		/	
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Limited capability for work assessment

Dear Doctor

Patient's name

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Address

Date of birth

	/		/	
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This patient has been claiming Employment and Support Allowance.

We recently assessed their ability to work using the Limited Capability for Work Assessment.

We decided that your patient is capable of work from / / . This is based on

- a medical assessment we arranged and your patient attended on / /
- medical information you provided
- information your patient gave us.

This means you do not have to give your patient any more medical statements for benefit purposes. But you may have to give your patient new medical statements if

- they decide to appeal against our decision
- their condition gets significantly worse
- they have a new medical condition.

We have sent your patient a summary of the Limited Capability for Work Assessment.