

MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

<Claimant Name>
<Claimant Address>

Client Name:
Client Date of Birth:
Client Address:

Client NINo:

Date:

Your patient has made a claim for benefit and you may have already given us information about his/her history. However, so that we can consider the claim, we need some additional details. Your patient has given consent to allow us to approach you for this information.

What we need you to do

Please supply a factual report answering the questions listed on the enclosed form. You should base your replies on your knowledge of the patient and on his/her records. A special examination is not required.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or copies of any letters from consultants, please obtain the author's consent beforehand. You should also confirm in a covering note that they have agreed to the correspondence being used in connection with this claim.

Please let us know immediately if this patient is no longer under your care.

Please be aware that if you are treating this patient under the NHS, you are obliged by your terms of service to supply clinical information to a medical officer if you have issued or refused to issue a medical certificate to a patient. You are not obliged to do this if you are not treating the patient under the NHS, but any information you are willing to provide would be most appreciated. Unfortunately, we would be unable to pay you for it. Please note that a full and prompt reply may prevent the patient from being required to undergo a medical examination.

Harmful information

We may need to send a copy of the report to the patient. We can withhold information from the patient that would be harmful to his/her health. Please put any such information on a separate sheet and mark it accordingly. Please note we cannot withhold information on any other grounds.

What to do next

We would appreciate a reply to the address shown on the enclosed form within seven days. We have enclosed a pre-paid envelope for the return of the report.

Yours sincerely,

For the Medical Officer

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Factual Report

<MSC Name>
<MSC Address>

Client Name:
Client Date of Birth:
Client NINo:

Please return this form in the envelope supplied.

We would like further information regarding the points raised below please:

Your response:

*Please continue **and sign** overleaf...*

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Your response (continued):

Please continue on a separate sheet of paper if necessary.

Name: _____

Your signature: _____

Date: _____

Please return this form in the envelope supplied.