



HEALTH ASSESSMENT ADVISORY SERVICE

Office address:

Appointments help desk:

Reference:

Date:

Dear

On [Questionnaire requested date] we sent you a questionnaire to fill in and return to us. We have not yet received it. **It is important that you fill it in. Your benefit may be affected if you do not return it by [Required by date].**

The questionnaire gives you the chance to tell us how you are affected by your illness or disability, including any mental health problems.

What to do now

Please fill in the questionnaire and return it to the address at the top of this letter as soon as you can, but no later than **[Required by date]**.

If you have any medical documents that you think will support your claim, send them in with your questionnaire. For example, this could be a medical report from your doctor, consultant or support worker.

Please **do not** send **medical statements** with your questionnaire. Send them to the [Department name] office that deals with your claim.

Medical statements are also known as medical certificates, doctor's statements or sick notes.

More information

If you want to know more about why we have sent you this questionnaire, or if you will be unable to fill in the questionnaire by **[Required by date]**, please contact the [Department name] office that deals with your claim. **[Authority telephone text]**

Please ignore this letter if you have returned the questionnaire in the last few days.

Yours sincerely,

Centre for Health and Disability Assessments