To: (*insert name of medical professional (Insert your name and address)*

 *(insert address of medical professional)*

*(insert today’s date)*

Dear *(insert name of medical professional)*

**REQUEST FOR MEDICAL EVIDENCE**

**Re:** (*Insert full name & address of patient)*

**Date of birth:** *(insert date of birth of patient)*

(*Insert* *whichever of the 2 following alternative statements is applicable*)

I need to provide medical evidence about my medical condition to the Department for Work and Pensions (DWP) by *(insert date)*, regarding my current entitlement to Personal Independence *Payment* (PIP). I am writing to you to ask if you will kindly provide some evidence which may help my case.

As you will be aware, I have (*insert name of medical conditions relevant to the PIP claim e.g autism).* This affects my ability to prepare my own meals/ communicate/ go out on my own *(amend/expand as applicable or insert your own description).*

It would be most helpful if you could comment on how (*insert name of your medical conditions)* affect (s) myability to undertake the tasks of everyday living.

**or**

I/we am/are (*delete as applicable)* writing on behalf of the above named patient. I/We am/are the patient’s appointee/representative *(delete as applicable)* andattach authorisation for you to correspond with me/us. (*Delete as applicable).*

*(Insert name of patient)* needs to provide medical evidence about his/her (*delete as applicable)* medical conditionto the Department for Work and Pensions (DWP) by *(insert date)*, regarding his/her (*delete as applicable)* current entitlement to Personal Independence *Payment* (PIP). I am/We are (*delete as applicable)* writing to you to ask if you will kindly provide some evidence which may help his/her (*delete as applicable)* case.

As you will be aware, (*insert name of patient)* has (*insert name of medical conditions relevant to the PIP claim e.g autism).* This affects his/her *(delete as applicable)* ability to prepare a meal/ communicate/engage with others/ go out alone *(amend/expand as applicable or insert your own description).*

It would be most helpful if you could comment on how (*insert name of the patient*’s *medical conditions)* affect (s) his/her (*delete as applicable)* ability to undertake the tasks of everyday living.

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| ***PIP is based on how a medical condition affects the patient, not on the condition itself or on any prescribed medication. Below is an example, using some of the PIP descriptors, of how you might specify to a medical professional, the kind of evidence you need. It is not a suggestion of exactly what to write, which should be about the patient:**** **Needs supervision or assistance to either cook or prepare a simple meal**. My learning disability makes it unsafe to cook alone. I am unaware of common risks in the kitchen, such as how I could cut myself with a sharp knife, or scold myself if I spilt boiling water on myself, or that I could burn myself on hot pans or a hot oven door. Therefore, I need someone to supervise me when I am preparing food.
* *Please would you be able to comment on whether my learning disability is such that I need supervision or assistance when cooking, or may pose a risk to me if I had to cook a meal from scratch.*
* **Needs communication support to be able to express or understand complex verbal information**Due to my disability I struggle to understand what is being said as it is difficult for me to process spoken language, especially when I am unfamiliar with the person who is speaking to me.

*Please would you be able to comment on whether, due to my learning disability I may need communication support. Communication support can include the presence and assistance of family members who are familiar with the communication needs of the patient.* * **Cannot follow the route of a familiar journey without another person**I am unable to go out alone safely. I am not aware of oncoming dangers and I would not be able to communicate with anyone if I got lost. I become agitated by sudden loud noises, such as a motorbike suddenly approaching. I always need a companion with me when I go out, to guide me and ensure my safety.

*Please would you be able to comment on whether my level of sight and hearing loss is such that I may require assistance when travelling outdoors.*  |

Your help in regard to the matter would be greatly appreciated and I enclose a stamped addressed envelope for the return of your evidence to me. I/We (*delete as applicable)* understand that patients are sometimes asked for a fee for medical reports, however I am on a very limited income so I would be grateful if you would not charge me for this report. However, please let me/us (*delete as applicable)* know if this will not be possible.

I/We (*delete as applicable)* should like to thank you for all your help in this matter and look forward to hearing from you.

Yours sincerely

(Insert y*our signature*)

Name: (*Print your* *name and if you are the appointee or authorised representative, say so).*