**Request for a letter / certificate – PATIENT TO COMPLETE**

We require the following information to facilitate your request.

**Please read the entirety of this form thoroughly.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP Best Placed to Complete Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For example, a GP you have discussed this with or if this is not the case, the GP who you have seen recently*

**Reason for Request. Please Tick/Complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Name of School:**  **Teacher Who Advised for Letter:** | | |
| **University** |  | **Diocesan/Pilgrimage** |  |
| **Work** |  | **DLA/Social Security** |  |
| **Bin Collection** |  | **VAT Exemption** |  |
| **Travel Insurance** | **Date Insurance Bought:**  **Date Trip Booked:** | | |
| **Other Insurance** | **Type:** | | |
| **Driving License Medical Form - DVLA Pay via payment form supplied by patient** |  | **Other**  **(Please Specify)** |  |
| **The Practice cannot certify a driving license photo.**  **The Practice cannot sign British passport forms as per the guidance.**  **Irish Passports ALWAYS require an appointment.**  **HGV/PCV driving forms require an appointment.**  **Letters for court MUST be requested through a solicitor.**  **The housing executive will write directly to the GP if they require a GP letter. You should not need to request this yourself.**  **If you require access to your notes or copies of your notes, this is the incorrect form. Please ask reception for an ‘Access to Notes’ Form or download from our website.** | | | |

**Note:**

1. **Most letters and forms are private work not provided on the NHS. The Practice must complete all NHS work as a priority.**
2. **We ask you allow a minimum of 10 working days to complete. Please email to confirm time for collection - gp.z00086@gp.hscni.net**
3. **If a letter is requested and not collected within 2 weeks of completion, it will be destroyed. If a letter is not collected, future requests for such letters may not be agreed to.**

**PLEASE TURN OVER**

1. **There is a fee for this service. Staff will advise you of the charge.**
2. **The information you provide on this form is what the GP will use to complete your request. Should you then request further information or a letter edited with information not provided on this page, you may incur a further fee.**

**Please write below any relevant health matters you wish included in any letter*.* Specify any relevant dates if applicable, E.G. of absence or travel.**

**If there is a lack of information provided, this will delay your letter/form.**

***The GP may need to contact you to clarify any matters.   
Please keep copies of all forms/letters/similar handed in. The Practice does not accept responsibility for missing forms, photos etc.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT SIGNATURE DATE**