

REQUEST FOR PRIVATE GP LETTER FORM

Full Name	
Date of Birth	
Address	
Contact Number	
Email Address	
Please select which form you are requesting	
Confirmation of registration	
Fit to fly letter	
Private sick note	
Too unwell to participate letter (Gym/event etc)	
Request for academic extension deadline due to ill health	
Support with housing application letter	
Support with court case letter	
Other – Please specify	
Please provide details of your request below (for example dates, conditions and clinically relevant information that you wish GP to include in the letter)	
*It is important to be aware that the GP cannot always state things as absolute fact in support letter. For example, if your complaint is that another person is contributing to your ill health the GP can only phrase this as ‘patient informs me’ as they will not have witnessed this behaviour themselves.	

Please confirm how you would like to receive the letter once completed	
Collect in person from the practice	
Via Email	
Please provide email address (in BLOCK CAPITALS)	
If you wish for the letter to be sent directly to another organisation please confirm if you wish to view the letter before it is sent	
Yes I wish to view	
No I do NOT need to view the letter before it is sent	
Please be aware that requests take up to 28 days from receipt of payment to complete. If you need your letter sooner then please state the reason why below, there may be an additional charge to facilitate this	
CONSENT – Please sign below to confirm that you give consent to the practice to release this information as stated above	
Signature	Date
If you are completing this form on behalf of someone else then please confirm that one of the below is attached to your request	
Proof of parental responsibility	
Signed patient consent form	
Power of attorney/court order	
<u>Please confirm that you are aware that</u>	
<ul style="list-style-type: none"> You are responsible to pay the letter request fee before your form can be completed 	
<ul style="list-style-type: none"> The practice has 28 days to complete your request from date of payment 	

<ul style="list-style-type: none">• The request will NOT be processed without proof of consent	
<ul style="list-style-type: none">• You are confirming that you have included any relevant additional documents	
<ul style="list-style-type: none">• The GP may not be able to legally include everything that you want in the letter	