**You can use this letter to ask a health care professional for evidence to challenge a Limited Capability for Work or Limited Capability for Work Related Activity decision. You can use the same letter whether you are submitting a Mandatory Reconsideration or an Appeal. Anything written in red means you need to add or change something to make the letter accurate for you.**

To: (*add name of professional*)

Address: (*add address of professional*)

Date: (*add date*)

Dear Sir/Madam

**Request for medical evidence**

Name: (*add your name*)

Address: (*add your address)*

D.o.B: (*add your date of birth)*

I am appealing a decision about my entitlement to Employment Support Allowance (ESA) / Universal Credit (*delete as appropriate*) and I am writing to ask if you would offer some evidence that may help my case. Evidence from medical professionals can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) make correct decisions. .

I would be very grateful if you could answer the questions that you think are relevant to my condition from the list below and return them to me in the envelope provided. (Please be aware that I am not in a position to pay for any report or information) (*Insert or delete as applicable*).

The appeal is about a decision made in (*add date mm/yy*) so I would be grateful if you could provide information based on how my condition affected me at that time.

The questions focus on my mental health rather than my physical health. But if you have information regarding my physical health, please include this at the end of the form. Thank you very much, in advance for any help you can provide towards my appeal.

Yours sincerely

(Add *your name*)

Please state what condition(s) I have been diagnosed with and what medication(s) and treatment(s) have been prescribed.

Can you look at the questions below and add some information for the ones you think are relevant for me.

1. How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s)?
2. How is my awareness of everyday hazards, (e.g. Boiling water or sharp objects), affected by my medical condition(s)? Does this pose a significant risk to my safety or others?
3. How is my ability to initiate and complete personal tasks affected by my medical condition(s)?
4. How is my ability to initiate and cope with change affected by my medical condition(s)? Does this affect my ability to manage my day-to-day life?
5. How is my ability to get to places affected by my medical condition(s)? Do I need supervision to get to familiar or unfamiliar places?
6. How is my ability to cope with social engagement affected by my medical condition(s)? Am I caused distress by social engagement and does this preclude social engagement?
7. How is my behaviour affected by my mental condition(s)? Do I show signs of aggressive, uncontrolled or disinhibited behaviour? And could this be considered unreasonable in a workplace?
8. If I am required to attend work focused interviews or job programmes. Would this have a detrimental affect on my health? If yes, how would I be affected?
9. Is there any other information that you think is relevant?

Signature Date Hospital/Surgery Stamp