

New condition

Please fill this in if you require help with a new health problem that you feel may need a same day response.

| | |
|----------------------------------|------------------------------------|
| ADHD (adult) > | ADHD (child) > |
| Allergies > | Autism (adult) > |
| Autism (child) > | Breast problems > |
| Breathing problems > | Cough / Cold > |
| Depression / anxiety > | Ear problems > |
| Grief / bereavement > | Memory problems > |
| Muscle / joint / bone problems > | Runny nose / sneezing / rhinitis > |
| Sinusitis (sinus infection) > | Skin / hair / nail problems > |
| Sleeping problems > | Sore throat / tonsillitis > |
| Stomach / digestive problems > | Women's health problems > |
| Other new condition > | |

Existing condition - Health problem

Please fill this in if you require a follow up appointment for the future or want to book a non urgent appointment about a pre-existing health condition. Please note, if you think you need an appointment today, please complete the new conditions form on the previous page.

Details of your request

Describe the existing condition that this contact is regarding.

Is a clinician at this organisation already providing care regarding this condition?

- Yes
 No

If yes, which clinician and approximately how long ago were they consulted?
If no, please state the location and approximate date of your last appointment relating to this problem.

What would you like to happen as a result of this enquiry?

Please add any further information that you think may be important regarding the request .

cont...

Health review - Nursing appointments

Please fill this in to submit a nurse enquiry such as appointments for long term condition reviews, dressings, stitch removal, vaccinations and smears.

Details of your request

Please give as much detail as possible about the reason for your request.

What would you like to happen as a result of your request?

Other medical request - Miscellaneous clinical request

Please fill this in if you want help with a miscellaneous clinical request. Please give as much detail as possible so that the Doctor reviewing your submission is able to process your request.

Details of your request

Please give as much detail as possible about the reason for your request.

What would you like to happen as a result of your request?

Doctor's letter - Letter request

Please fill this in to request a letter or report. Please note, there are certain letters which are non NHS work and will incur a private fee and we aim to complete these within 28 days. Please see our website for further details.

Details of request

Please give details about the type of letter or report required

Date required by (we do not guarantee to meet this deadline)

Day

Month

Year

Are there any times when you are NOT available to be contacted by telephone regarding this?

Fit note - Fit Note request

Please fill this in to request a sick note. A sick note is not required for the first 7 calendar of absence. For this period you are able to self certify. Please note, if you are well enough to return to work at your normal capacity following a period of sickness, no documentation from a Doctor is required.

Please provide details of your request

* This questionnaire is to assist with a Statement of Fitness for Work.

If you are off work because of ill health for more than seven days your employer will normally ask for a Fit Note (or Statement of Fitness for Work) from your GP or hospital doctor.

A Statement of Fitness for Work is sometimes referred to as Fit Note, Medical Statement, Doctor's Note, MED3 or eMED3.

Please complete this questionnaire if you wish to be considered for a Statement of Fitness for Work. If you are off work for seven days or less, your employer should not ask for a Statement of Fitness for Work. Instead, they can ask you to confirm that you have been ill. You can do this by filling in a form yourself when you return to work. This is called self-certification.

I confirm that I am off work for more than 7 days because of illness.

I think that I need a Fit Note because of the following conditions. Please include details of any recent relevant hospital attendances.

* I think that:

I am not fit for work

I may be fit for work

Please add any comments, including the functional effects of your condition(s) and the alterations / adjustments that might be required.

* This will be the case from:

Day

Month

Year

* When do you expect that you will be fit to return to work?

Day

Month

Year

Medication request - Medication request

If you are unable to request your medication on the NHS app or have medication queries, please fill in this form. Please include specific details such as the name of the medication and dosage. If you think you are having an adverse drug reaction, please fill in the new conditions form on the previous page.

Details of your query

Please state the name of the medication(s) and your query in as much detail as possible.

Test result - Test result request

If you are unable to access your test results via the NHS app please complete this form. For tests requested by the Hospital, you will need to contact the Consultant's secretary for them as the results will go directly to them.

Details of your request

For which test type are you requesting results?

- Samples and swabs, such as urine, blood, skin, stool (poo)
- Imaging, such as X-ray, ultrasound, CT, or MRI
- Specialist investigations, such as endoscopy, biopsy, or audiometry
- Screening tests, such as bowel cancer or breast cancer
- Other / don't know

Why was the test performed?

Date of test (approximately)

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Where did you have the test done? Give the name of the hospital or health centre.

Are there any times when you are NOT available to be contacted by telephone?

What is it you would like to know?

Is there anything else you require?

Other admin request - Miscellaneous administrative request

Please fill this in if you wish to make an administrative request.

Details of your request

* Please give as much detail as possible regarding your request.