

DGHE Medical Information Request

MEDICAL INFORMATION REQUEST

Patient's name (inc. title,
forename and surname):

Address (home):

Date of birth:

MEDICAL INFORMATION REQUESTED BY:

JOB TITLE: Head of Student Experience and Wellbeing, Advice and Wellbeing Service

CONTACT DETAILS: Email: f.nouri@dghe.ac.uk

Tel: 07718 612 618 – please leave a message, if necessary

Advice and Wellbeing Service (AWS)
David Game HE
31 Jewry Street
London, EC3N 2ET

PURPOSE OF REQUEST: I require confirmation of the above-named patient's disability/medical condition. It would be helpful if you could fill in information on this form giving as much detail as possible.

This information is necessary for us to provide the student with relevant study support. It could enable the student to secure Disabled Student's Allowance (<https://www.gov.uk/disabled-students-allowance-dsa>) or other forms of additional funding.

The letter can be handed direct to the patient or emailed or posted to the address above. As the student cannot reclaim any charge made for completing this form we ask that it is provided free of charge.

PATIENT CONSENT:

I give consent for my doctor to write to the person named above confirming any medical condition and/or disability which may have an impact on my ability to study.

Signature:

Date:

Print Name:

MEDICAL/OTHER PROFESSIONAL DETAILS:

Your details

Full name (inc. title):

Job Title:

Certificate or Registration number

(GMC,HCPC,NMC) :

Practice/Organisation Details

Name of Practice/Organisation:

Address:

Postcode:

Contact number:

What is your involvement with this student? Only give details if it is not apparent from your job title:

In your professional opinion:

Does the student have a physical, sensory or mental disability which has a substantial (i.e. more than minor/trivial) and long-term adverse effect on their ability to carry out day-to-day activities (including education)?

To be considered long-term, the effect of the disability must have lasted or be likely to last at least 12 months or for the rest of the student's life (<https://www.gov.uk/definition-of-disability-under-equality-act-2010>)

YES/NO

DIAGNOSIS/WORKING DIAGNOSIS (including any relevant dates)

If it is not possible to give either, explain why.

MEDICAL/OTHER PROFESSIONAL DECLARATION

Sign and Date below to confirm that to the best of your knowledge the information you have provided is true and complete:

Signature:

Today's Date:

Print Name:

Where possible use your Practice/organisations stamp:

