# Letter to give GP to request medical evidence for Support Group ESA

Address:

Reference: Date of Birth...............................................

Date:

Dear Dr....................................

I am writing to request medical information to send regarding a DWP decision that I should be placed in the Work Related Activity Group for Employment Support Allowance. This means that I have to attend regular appointments to consider what activities I could take up in order to prepare for work in the future. I don’t agree that I should have to attend these as feel that I should be in the Support Group, which would mean that the DWP accept my health is so poor that I will have no current prospect of preparing for work.

I would be grateful if you could confirm the following:

1. The conditions I suffer with
2. My regular treatment and medication
3. The prognosis for my condition/s
4. **That I have particular difficulty with the following activities**

**1.  Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.**

Cannot either  
 (i)  mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion   
or  
(ii)  repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.  
  
**2.  Transferring from one seated position to another.**  
Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.  
  
**3.  Reaching.**  
Cannot raise either arm as if to put something in the top pocket of a coat or jacket.  
  
**4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).**  
Cannot pick up and move a 0.5 litre carton full of liquid.   
  
**5. Manual dexterity.**  
Cannot either:  
(a) press a button, such as a telephone keypad or;  
(b) turn the pages of a book  
with either hand.  
  
**6. Making self understood through speaking, writing, typing, or other means normally used.**  
Cannot convey a simple message, such as the presence of a hazard.  
  
**7. Understanding communication by—**   
**(a) verbal means (such as hearing or lip reading) alone,**  
**(b) non-verbal means (such as reading 16 point print or Braille) alone, or**  
**(c) a combination of (a) and (b),**   
using any aid that is normally, or could reasonably be, used, unaided by another person.  
Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.  
  
**8. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting), despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used.**  
At least once a week experiences   
(i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or  
(ii) substantial leakage of the contents of a collecting device;  
sufficient to require cleaning and a change in clothing.  
  
**9.  Learning tasks.**  
(a) Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.  
  
**10. Awareness of everyday hazards (such as boiling water or sharp objects).**  
(a) Reduced awareness of everyday hazards leads to a significant risk of:    
(i) injury to self or others; or  
(ii) damage to property or possessions,  
such that they require supervision for the majority of the time to maintain safety.  
  
**11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).**  
Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.    
  
**12. Coping with change.**  
(a) Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.    
  
**13. Coping with social engagement due to cognitive impairment or mental disorder.**  
Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.   
  
**14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.**  
Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.   
  
**15.  Conveying food or drink to the mouth.**  
(a) Cannot convey food or drink to the claimant’s own mouth without receiving physical assistance from someone else;  
(b) Cannot convey food or drink to the claimant’s own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;  
(c) Cannot convey food or drink to the claimant’s own mouth without receiving regular prompting given by someone else in the claimant’s physical presence; or  
(d) Owing to a severe disorder of mood or behaviour, fails to   
convey food or drink to the claimant’s own mouth without receiving —  
(i) physical assistance from someone else; or  
(ii) regular prompting given by someone else in the claimant’s presence.  
  
**16.  Chewing or swallowing food or drink.**  
(a) Cannot chew or swallow food or drink;   
(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;  
(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant’s presence; or  
(d) Owing to a severe disorder of mood or behaviour, fails to—  
(i) chew or swallow food or drink; or  
(ii) chew or swallow food or drink without regular prompting given by another person in the physical presence of the claimant.

Thank you for your assistance, I am in receipt of benefits so I would be grateful if you could provide this information for free.

Yours sincerely,

Name…………………………………………………….

……………………………………………….. (signature)