

Want a sick note from your doctor?

AMP GROUP PRACTICE PATIENT SICK / FIT NOTE REQUEST FORM

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

- Please note that this form must be completed in full, submitting an incomplete form may result in a delay in your sick note request being processed.
- Sick note requests will only be processed when they are due, under no circumstances are we able to provide a post-dated sick note
- Sick note requests will only be processed if the patient has been seen by a GP, nurse or hospital consultant in the preceding 8 weeks

TO BE COMPLETED BY THE PATIENT

PATIENT NAME: _____
 DATE OF BIRTH: _____
 ADDRESS: _____

 HOME PHONE No: _____
 MOBILE PHONE No: _____

REASON FOR SICK NOTE REQUEST:
 (please give as much detail as possible) _____

DATES REQUIRED FOR SICK NOTE: from: _____
 until: _____

EMPLOYER'S NAME / DWP DETAILS: _____

 HAVE YOU COMPLETED A SELF CERT? YES / NO / N/A _____

I understand:

The clinician has a right to refuse my request

Unless I hear otherwise I can collect my note from the reception desk in 3 working days

I am aware that the clinician does not normally backdate sicknotes as it is difficult to verify. I am aware I can apply up to a week ahead for a continuation note.

Patient signature: _____

Date: _____

OFFICE USE ONLY

CLINICAL ASSESSMENT OF SICK NOTE EXTENSION REQUEST

Notes checked - Receptionist initials:	YES		NO	
Request approved: (please tick)	YES		NO	
Admin Notes - Hospital Letter attached etc:				

GP AUTHORISATION FOR SICK NOTE EXTENSION TO BE PROCESSED

Reviewed by:	Dr	Signed:		
APPROVED: (please tick)	YES		NO	
IF SICK NOTE EXTENSION IS NOT APPROVED PLEASE GIVE FURTHER GUIDANCE BELOW				
SEE GP		SEE NURSE CLINICIAN		TELEPHONE CONSULTATION