CLIENT ADDRESS

SURGERY ADDRESS

DATE

Dear Doctor

**NAME; DOB**

I am receiving assistance from Watford Citizens Advice with my claim for Personal independence Payment/ Employment & Support Allowance.

I am currently being assessed/reassessed for this and am likely to be required to attend a medical assessment. In view of my severe anxiety/limited mobility , I have requested that any assessment takes place in my home but I understand that I am likely to need medical evidence in support of this request. Can I therefore request a short letter from you supporting my request for a home visit on the grounds that being required to travel to an assessment will cause me severe anxiety/will cause me great difficulty due to my limited mobility.

Yours faithfully,

NAME