

# Help using this PDF form

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This means that you do not have to fill the form in one session.

This form will only save if:

- the form is saved onto your computer, and
- opened in Adobe Reader XI.

The form will not save in:

- older versions of Acrobat Reader
- other pdf readers, for example *Preview* on a Mac or *Foxit* on a PC.

You can download **Adobe Reader XI** free of charge from the Adobe website

**If you are having technical difficulties:**

- downloading the form
- navigating around the form, or
- printing the form

Please contact the **DWP Online helpdesk**.

Phone: **0345/0845 604 3349**

Minicom (textphone): **0345/0845 604 0523**

Email: **dwponline.helpdesk@dwp.gsi.gov.uk**

Opening hours

Monday to Friday: 8.00am - 6.00pm

Weekend: 8.00am - 4.00pm

Closed on all Public and Bank Holidays.

For help and advice on the information you need to put on the form, contact the office that deals with the benefit.

# Capability for work questionnaire

jobcentreplus

Department for  
Work and Pensions

This form is also available in Welsh, Braille, large print, audio cassette or CD. If you want any of these, please call Jobcentre Plus on **0345 608 8545** and tell us which you need.

## What you need to do

- Answer all the questions on this form using black ink and CAPITAL LETTERS, or download the form to your computer from **[www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)** and fill it in. Please read the questions carefully and make sure you give full answers.
- Send **copies** of any medical or other information **you already have**, that tells us how your health conditions, illnesses or disabilities affect how you can do things on a daily basis. We tell you which types of information we find helpful on **Page 4** of this form.  
  
We don't need you to get any new or specially prepared information and we can't refund any costs involved if you do get this.
- We might ask your own healthcare professionals for information about you, but we don't always do this, so it's important that you send anything **you already have**.
- Send your form with any other information we said we would find helpful on **Page 4**, to the Health Assessment Advisory Service not Jobcentre Plus in the enclosed envelope. It doesn't need a stamp. **Remember, you must do this by the date we told you in the enclosed letter.**

## If you need help filling in the form, you can

- ask a friend, relative, carer or representative such as a support worker to help you.
- call Jobcentre Plus on **0345 608 8545** and we will talk you through the questions over the phone.
- in some cases we can write **your answers** on the form for you. If we do this, we will send you the form to check, sign and date. **You** must then send it to the Health Assessment Advisory Service in the enclosed envelope. **Remember, you must return it by the date we told you in the enclosed letter.**

## If you don't fill in and return the form to the Health Assessment Advisory Service by the date we told you in the enclosed letter

We may stop the payments you already get, and we will not start paying you Employment and Support Allowance or give you National Insurance credits.

# About you

Please fill in this form with BLACK INK and in CAPITALS.

Surname

Other names

Title

Address

Date of birth

Letters Numbers

Letter

National Insurance (NI) number

Are you pregnant?

No

Yes

When is your baby due?

## If you are returning this form late

**If you don't fill in and return the form to the Health Assessment Advisory Service by the date we told you in the enclosed letter**

We may stop the payments you already get, and we will not start paying you Employment and Support Allowance or give you National Insurance credits.

**Are you returning this form later than the date we told you in the enclosed letter**

No

Yes

If you are returning the form later than the date we told you in the enclosed letter, please tell us why:

## About your GP or doctor's surgery

Please tell us about your GP. If you don't know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your health conditions, illnesses or disabilities affect your ability to do things on a daily basis. We don't always have to do this, so it's important that you send us anything you already have.

**What is your GP's name or the name of your doctor's surgery?**

**Their address** including postcode

## Their phone number

Code

Number

## About other professionals or carers who know the most about your health conditions, illnesses or disabilities

Please give us details of the healthcare professional who knows the **most** about your health conditions, illnesses or disabilities and the impact they have on your ability to do things on a daily basis when you are most unwell. Sometimes we will need to contact them to ask for medical or other information that tells us how your health condition, illness or disability affects your ability to do things on a daily basis. We don't always have to do this, so it's important that you send us anything you already have.

For example:

- consultant or specialist doctor
- psychiatrist
- specialist nurse, such as Community Psychiatric Nurse
- physiotherapist
- occupational therapist
- social worker
- support worker or personal assistant
- carer.

## Their name

### Job title

**Their address** including postcode

### Their phone number

Code

Number

# About medical or other information you may already have

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## Things we'd like to see, if you already have them –

- Reports, care or treatment plans about you from:

  - GPs
  - hospital doctors
  - specialist nurses
  - community psychiatric nurses
  - occupational therapists
  - physiotherapists
  - social workers
  - support workers
  - learning disability support teams
  - counsellors or carers.
- Medical test **results** including:

  - scans
  - audiology
  - the results of x-rays, but not the x-rays themselves.

Things like

  - your current prescription list
  - your statement of special educational needs
  - epilepsy seizure diary
  - your certificate of visual impairment.

**Remember** – only send us copies of information **you already have**. Don't ask or pay for new information.

☐

## Things we don't need to see –

- Appointment letters.
- General information about your medical conditions that are not about you personally.
- Photographs.
- Letters about other benefits.
- Fact sheets about your medication.
- Internet printouts.
- Medical statements, otherwise known as fit notes, medical certificates, doctor's statements or sick notes.

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## About your health conditions, illnesses or disabilities

We will ask you specific questions about how your health conditions, illnesses or disabilities affect your ability to do things on a daily basis in the rest of this form.

### Cancer treatment

If your **only** health problem is the way your cancer treatment is affecting you, you may not have to answer all the questions on this form.

Do you have cancer?	No	Go to <b>Your other health conditions, illnesses and disabilities</b> on the next page.
	Yes	Answer the next question.
Are you having, waiting for or recovering from chemotherapy or radiotherapy treatment for cancer?	No	Go to <b>Your other health conditions, illnesses and disabilities</b> on the next page.
	Yes	You don't have to fill in the rest of this form if you don't want to. Sign <b>page 18</b> and make sure that <b>page 20</b> is filled in by a healthcare professional. This may include a GP, hospital doctor or clinical nurse who is aware of your condition.  <b>If you have other health problems, as well as cancer and the problems resulting from your cancer treatment, please fill in the rest of the form.</b>

## About your other health conditions, illnesses or disabilities continued

### Your other health conditions, illnesses and disabilities

Please tell us

- what your health conditions, illnesses or disabilities are
- how they affect you, and
- when they started
- if you think any of your conditions are linked to drugs or alcohol.

If your conditions vary over time, tell us how.

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- anything else you think we should know about your health conditions, illnesses or disabilities.

If you need more space, please use **page 17** or a separate sheet of paper.

# About your medication

Please tell us about any tablets or other medication you are taking and any side effects you have. Also tell us about any tablets or other medication you **will** be taking.

If you need more space, please use **page 17** or a separate sheet of paper.

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# About other treatment

## Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about any hospital, clinic or other special treatment, like dialysis or rehabilitation treatment, you are having or expect to have in the near future.

### Tell us about all your hospital, clinic or special treatment here.

- Tell us
- what the treatment is
  - where you go to get the treatment
  - how often you go for the treatment.

If you are expecting to have treatment in the near future, tell us what the treatment will be and when it's due to start.

If you need more space, use the space on **page 17** or a separate sheet of paper.

<b>Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?</b>	No	Go to <b>Part 1</b> on the next page.
	Yes	
<b>Are you in, or due to start, a residential rehabilitation scheme?</b>	No	Go to <b>Part 1</b> on the next page.
	Yes	Tell us the name of the organisation running your scheme, when your treatment began, or is due to begin, and when you expect it to end.

# How your conditions affect you

**Part 1** is about physical health problems. Wait until **Part 2** to tell us about mental health, cognitive and intellectual problems. By *cognitive* we mean problems you may have with thinking, learning, understanding or remembering things.

## Part 1: Physical capabilities

To answer **Yes** to any of the following questions, you must be able to do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 1. Moving around and using steps

By *moving* we mean including the use of aids you usually use such as a manual wheelchair, crutches or a walking stick but without the help of another person.

Please tick this box if you can move around and use steps without difficulty.

How far can you move safely and repeatedly on level ground without needing to stop?

For example, because of tiredness, pain, breathlessness or lack of balance.

Use this space to tell us how far you can move and why you might have to stop. If it varies, tell us how.

Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

Now go to **question 2** on the next page.

50 metres – this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool.

100 metres – this is about the length of a football pitch.

200 metres or more

It varies

### Going up or down two steps

Can you go up or down two steps without help from another person, if there is a rail to hold on to?

Use this space to tell us more about using steps. If it varies, tell us how.

No

Yes – now go to **question 2** on the next page.

It varies



# Part 1: Physical capabilities continued

## 2. Standing and sitting

Please tick this box if you can stand and sit without difficulty.

Now go to **question 3** below.

Can you move from one seat to another right next to it without help from someone else?

- No
- Yes
- It varies

While you are standing or sitting (or a combination of the two) how long can you stay in one place and be pain free without the help of another person?

This does not mean standing completely still. It includes being able to change position.

- Less than 30 minutes.
- 30 minutes to one hour.
- More than one hour.
- It varies.

Use this space to tell us more about standing and sitting and why this might be difficult for you.

Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you. If it varies, tell us how.

## 3. Reaching

Please tick this box if you can reach up with both your arms without difficulty.

Now go to **question 4** on the next page.

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

- No
- Yes
- It varies

Can you lift one of your arms above your head?

- No
- Yes
- It varies

Use this space to tell us more. Tell us why you might not be able to reach up, and whether it affects both arms. If it varies, tell us how.

Part 1: Physical capabilities continued

4. Picking up and moving things

Please tick this box if you can pick things up and move them without difficulty.

Now go to **question 5** below.

Picking up things using your upper body and either arm

Can you pick up and move a half-litre (one pint) carton full of liquid?

- No
- Yes
- It varies

Can you pick up and move a litre (two pint) carton full of liquid?

- No
- Yes
- It varies

Can you pick up and move a large, light object like an empty cardboard box?

For example, from one surface to another at waist height.

- No
- Yes
- It varies

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

5. Manual dexterity (using your hands)

Please tick this box if you can use your hands without any difficulty.

Now go to **question 6** on the next page.

Can you use either hand to:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a suitable keyboard or mouse?

- Some of these things.
- None of these things.
- It varies.

Use this space to tell us more. Tell us which of these things you have problems with and why. If it varies, tell us how.

Part 1: Physical capabilities continued

6. Communicating – speaking, writing and typing

By *communicating*, we don't mean communicating in another language.

This section asks about how you can communicate with other people.

Please tick this box if you can communicate with other people without any difficulty.

Now go to **question 7** below.

Can you communicate a simple message to other people such as the presence of something dangerous?

This can be by speaking, writing, typing or any other means, but without the help of another person.

No

Yes

It varies

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

7. Communicating – hearing and reading

This section asks about how you can understand other people.

Please tick this box if you can understand other people without any difficulty.

Now go to **question 8** on the next page.

Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

No

Yes

It varies

Give us more information in the box below.

Can you understand simple messages from other people by reading large size print or using Braille?

No

Yes

It varies

Give us more information in the box below.

If you need to communicate in another way or use aids, such as a hearing aid, tell us about this here.

8. Getting around safely

This section asks about problems with your vision. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you are using them. Please also tell us how well you see in daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Now go to **question 9** below.

Can you see to cross the road on your own?

- No
- Yes
- It varies

Can you get around a place that you haven't been to before without help?

- No
- Yes
- It varies

Use this space to tell us more about your eyesight and any problems you have finding your way around safely.

9. Controlling your bowels and bladder and using a collecting device

Please tick this box if you can control your bowels and bladder without any difficulty.

Now go to **question 10** on the next page.

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Collecting devices include stoma bags and catheters.

- No
- Yes – weekly
- Yes – monthly
- Yes – less than monthly
- Yes – but only if I cannot reach a toilet quickly

Use this space to tell us more about controlling your bowels and bladder or managing your collecting device.

Tell us if you experience problems if you cannot reach a toilet quickly.

Tell us how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Part 1: Physical capabilities continued

10. Staying conscious when awake

By *problems staying conscious* we do not mean falling asleep just because you are tired.

Please tick this box if you do not have any problems staying conscious while awake.

Now go to **question 11** below.

While you are awake, how often do you faint or have fits or blackouts?  
This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

- Daily
- Weekly
- Monthly
- Less than monthly

Use this space to tell us more.

You have now completed the section about your physical problems. In Part 2 below please tell us about any mental health, cognitive or intellectual problems. By *cognitive* we mean problems you may have with thinking, learning, understanding or remembering things.

Part 2: Mental, cognitive and intellectual capabilities

In this part we ask how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

To answer Yes to any of the following questions, you must be able to do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

If you have difficulties completing this section, please refer to the guidance on **page 1**. You can ask a friend, a relative or a representative to help you. Or get in touch with Jobcentre Plus on **0345 608 8545**.

If you would like any additional information to be considered, for example from your doctor, Community Psychiatric Nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your health condition, illness or disability affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty.

Now go to **question 12** on the next page.

Can you learn how to do an everyday task such as setting an alarm clock?

- No
- Yes
- It varies

Can you learn how to do a more complicated task such as using a washing machine?

- No
- Yes
- It varies

Use this space to tell us about any difficulties you have learning to do tasks, and why you find it difficult. If your ability to do tasks varies, tell us how.

If you need more space you can use the box on **page 17**.

12. Awareness of hazards or danger

**Please tick this box if you can stay safe when doing everyday tasks such as boiling water or using sharp objects.**

**Do you need supervision (someone to stay with you) for most of the time to stay safe?**

Now go to **question 13** below.

- No
- Yes
- It varies

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

13. Starting and finishing tasks

This section asks about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

**Please tick this box if you can manage to do daily tasks without difficulty.**

**Can you manage to plan, start and finish daily tasks?**

Now go to **question 14** on the next page.

- Never
- Sometimes
- It varies

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them.

Tell us what might make it difficult for you and how often you need other people to help you.

14. Coping with changes

Please tick this box if you can cope with changes to your daily routine.

Now go to **question 15** below.

Can you cope with small changes to your routine if you know about them before they happen?

For example, things like having a meal earlier or later than usual, or an appointment time being changed.

No

Yes

It varies

Can you cope with small changes to your routine if they are unexpected?

This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

No

Yes

It varies

Use this space to tell us more about how you cope with change. Explain your problems, and give examples if you can. If it varies, tell us how.

15. Going out

This question is about your ability to cope *mentally* or *emotionally* with going out. If you have *physical* problems which mean you can't go out, you should tell us about this in **Part 1** of this form.

Please tick this box if you can go out on your own.

Now go to **question 16** on the next page.

Can you leave home and go out to places you know?

No

Yes, if someone goes with me

It varies

Can you leave home and go to places you don't know?

No

Yes, if someone goes with me

It varies

Use this space to tell us why you cannot always get to places. Tell us whether you need someone to go with you. Explain your problems, and give examples if you can. If it varies, tell us how.

16. Coping with social situations

By *social situations* we mean things like meeting new people and going to meetings or appointments.

**Please tick this box if you can cope with social situations without feeling too anxious or scared.**

Now go to **question 17** below.

**Can you meet people you know without feeling too anxious or scared?**

- No
- Yes
- It varies

**Can you meet people you don't know without feeling too anxious or scared?**

- No
- Yes
- It varies

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this. Explain your problems, and give examples if you can. If it varies, tell us how.

17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

**Please tick this box if your behaviour does not upset other people.**

Now go to **question 18** on the next page.

**How often do you behave in a way which upsets other people?**

For example, this might be because your health condition, illness or disability results in you behaving aggressively or acting in an unusual way.

- Every day
- Frequently
- Occasionally

Use this space to tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.



# Part 3: Eating and drinking

## 18. Eating and drinking

Can you get food and drink to your mouth without help or being prompted by another person?

No  
Yes  
It varies

Can you chew and swallow food and drink without help or being prompted by another person?

No  
Yes  
It varies

Use this space to tell us about how you eat and drink, and why you might need help.

## Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified Healthcare Professional who works for our Assessment Provider. If we need you to do this, the Health Assessment Advisory Service will telephone you between 9.00am and 8.30pm on Monday to Friday, or 9.00am and 5.00pm on Saturday to arrange a suitable date and time for your appointment. They will send you a letter with details of the appointment and a leaflet that explains what happens at an assessment and who you can take with you. Please give us at least one telephone number below that they can call you on.

If you want more information about the face-to-face assessment, visit [www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)

Daytime phone number

Code

Number

Mobile phone number

Any other number including Textphone number

Code

Number

If you do not understand English or Welsh, or cannot talk easily in these languages, do you need an interpreter?

No  
Yes

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

Tick this box if you will bring your own interpreter.

Would you like your telephone call in Welsh?

No  
Yes

Would you like your face-to-face assessment in Welsh?

No  
Yes

## Face-to-face assessment continued

**Tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.**

For example, because of a hospital appointment.

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**Tell us about any help you would need if you have to go for a face-to-face assessment.**

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language or Makaton signer, speech to text software or a deaf/blind manual.

Tell us about any other help you might need.

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## Other information

If you need more space to answer any of the questions, please use the space below. If any of your carers, friends or relatives want to add any information, they can do it here. This may be because they know the effects your health conditions, illnesses or disabilities have on how you can do things on a daily basis.

We might contact these people for more information to support your claim.

If you need to give us more information on a separate sheet of paper, please put your name and National Insurance number on it.

# Declaration

You may find it helpful to make a photocopy of your reply for future reference.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0345 608 8545**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
  - the Department for Work and Pensions
  - any Healthcare Professional advising the Department
  - any organisation with which the Department has a contract for the provision of assessment services
- may ask any of the people or organisations I have mentioned on this form for any information which is needed to deal with
  - this claim for benefit
  - any request for this claim to be looked at again and that the information may be given to that Healthcare Professional or organisation or to the Department or any other government body as permitted by law.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
  - the benefit I am claiming
  - any other benefit I have claimed
  - any other benefit I may claim in the future.
- **I agree** to my doctor or any doctor treating me, being informed about the Secretary of State's determination on
  - limited capability for work
  - limited capability for work-related activity, or
  - both.

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

## For people filling in this form for someone else

If you are filling in this form on behalf of someone else, please tell us some details about yourself.

Your name

Your address including postcode

Daytime phone number

Code

Number

Explain why you are filling in the form for someone else, which organisation, if any, you represent, or your connection to the person the form is about.

## What to do next

Please make sure that

- you have answered all the questions on this form that apply to you
- you have signed and dated it
- you return the form by the date we told you in the letter we sent you. Use the envelope we sent you with this form. It doesn't need a stamp
- you have provided any additional evidence or information that you feel will help us to understand how your health condition, illness or disability affects how you can do things on a daily basis.

**Tick this box if you are including any information such as medical reports**

**Would you like us to tell anyone else about this assessment?**

For example, support worker, social worker, friends or family.

Let us know who this is, their phone number and explain why you would like the Health Assessment Advisory Service to contact them instead of you.

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## How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.

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## What happens next

Please return your completed form to the Health Assessment Advisory Service in the envelope enclosed. The Health Assessment Advisory Service may contact you to arrange a suitable face-to-face appointment for you with a healthcare professional.

**Cancer treatment** – for completion by a healthcare professional which may include a GP, hospital doctor or clinical nurse who is aware of your condition.

The information you provide on this page is important as it will help us make a rapid decision about your patient's Employment and Support Allowance claim.

This page concerns patients who are having, waiting for or recovering from chemotherapy or radiotherapy.

Please complete the rest of this page. If you want more information about Employment and Support Allowance, go to [www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)

**Details of cancer diagnosis**

Include

- type and site
- stage
- any related diagnoses.

**Details of treatment**

Include

- regime
- expected duration.

**Is your patient:**

(Please tick as appropriate.)

- ☐ awaiting or undergoing chemotherapy or radiotherapy?
- ☐ recovering (post completion of treatment) from chemotherapy or radiotherapy?

**In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?**

- No ☐
- Yes ☐ In your opinion, are these side effects likely to limit all work?

No ☐

Yes ☐

In your opinion, how long would you expect these side effects to last?

**Your details:**

**Name**

**Job title and qualifications**

**Signature**

**Surgery stamp, hospital stamp or address details:**

**Date**