

## BLUE BADGE SUPPORTING LETTER REQUEST FORM

### IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

Patients occasionally request a supporting medical letter from their GP or healthcare professional to assist with a Blue Badge application.

Please note:

- Blue Badge applications are assessed by the local authority, not by the GP practice.
- The Council has its own eligibility criteria and assessment process.
- A supporting letter from a doctor or healthcare professional does **not guarantee** that a Blue Badge application will be approved.
- In many cases, the Council already has access to sufficient medical evidence and may not require a GP letter.
- Preparation of a supporting medical letter is **non-NHS work** and is not covered by NHS funding.
- If, after reviewing the information provided, the practice agrees that a supporting letter is appropriate, a fee of **£60.00** will be payable before the letter is prepared.
- Submission of this form does not guarantee that a supporting letter will be provided.

Please refer to your local council's Blue Badge guidance before requesting a medical letter.

<https://www.lambeth.gov.uk/parking/disabled-parking-badges-bays>



## SECTION 4 – MOBILITY AND DISABILITY IMPACT

Please explain how your medical condition(s) affect your mobility and ability to travel.

### Walking Ability

1. Approximately how far can you walk before needing to stop?

- Less than 20 metres
- 20–50 metres
- 50–100 metres
- More than 100 metres
- Unsure

2. Do you experience any of the following when walking?

- Severe pain
- Breathlessness
- Fatigue
- Dizziness
- Balance problems
- Risk of falls
- Anxiety or psychological distress
- Other (please specify): \_\_\_\_\_

3. Do you require any mobility aids?

- None
- Walking stick
- Crutches
- Frame
- Wheelchair
- Mobility scooter
- Other: \_\_\_\_\_

### Impact of Disability

Please describe in your own words how your medical condition or disability affects your ability to walk, access services, attend appointments, shop, work, or carry out daily activities.

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### Safety Concerns

Please describe any risks you experience when travelling or walking, such as falls, severe breathlessness, confusion, behavioural concerns, psychological distress, or inability to navigate safely.

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### SECTION 5 – OTHER SUPPORTING INFORMATION

Please provide any additional information that you believe may assist in understanding your disability or mobility difficulties.

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### SECTION 6 – CONSENT

I confirm that the information provided in this form is accurate to the best of my knowledge.

I understand that:

- The Council decides whether a Blue Badge application is approved.
- A medical letter from the practice does not guarantee approval.
- The practice may determine that a supporting letter is not clinically appropriate or necessary.
- If a supporting letter is agreed, a fee of £60.00 will be payable before the letter is prepared.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FOR PRACTICE USE ONLY

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Further information required

Letter approved

Letter not approved

Fee paid: £60.00  Yes  No

Date letter completed: \_\_\_\_\_