

**Request for repeat sick note**

**Please note: It will take 2 working days to process the sick note.**

**DATE:** .....

**NAME:** .....

**DOB:** .....

**Tel: No:** .....

It is important that we have a contact number in case the doctor needs to speak to you. Failure to give an up to date telephone number will delay your request.

Which doctor/consultant did you see?.....

**Reason for sick note (i.e. diagnosis)** .....

**When do you want your sick note from?**.....

**How long do you expect to be off or when do you expect to return to work?** .....

<b><i>Smoking Questionnaire</i></b>			
<b><i>Please help us to update our records by completing this questionnaire</i></b>			
<b>What is your smoking status</b>			
<i>Please tick the appropriate box</i>		✓	<b>How many</b>
A	Never smoked tobacco		
B	Ex-smoker		
C	Current smoker		
<b>Would you like some advice on stopping smoking?</b>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	