

Part 2

Permission to release medical information

Please sign the authorisation below, which will allow your doctor to give this Department the necessary medical information for your application for a Companion Free Travel Pass. Your doctor should then complete **Part 3** of this form.

The medical information provided will be reviewed by one of our medical assessors and will be treated in strictest confidence. Although a confidential document, medical and non-medical people will need to deal with this report.

Permission

I permit my doctor to provide you, the Department of Social Protection, with medical information that may be required for my application for a Companion Free Travel Card.

Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

If you are unable to sign, have your mark witnessed and have the witness sign below for you:

Witness Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Part 3

Medical report by your doctor

This form should only be completed for a person under 70 years of age.

The Department will not be in a position to pay a medical fee if this form is completed for a person over 70 years of age.

Dear Doctor,

To enable us, on behalf of your patient, to accurately assess their eligibility/continued eligibility for a Companion Free Travel Card, please complete the medical report overleaf. The medical information provided will be reviewed by our medical assessors and will be handled in strictest confidence.

Although a confidential document, both medical and non-medical people will need to deal with this report.

You can get a special fee for fully completing and returning this report. To ensure payment please enter your DSP panel number in the box provided.

The Freedom of Information Act provides for the disclosure of medical or psychiatric information directly to your patient. Where the disclosure of the information to the patient might have a negative effect on their physical or mental health or well-being, this information may instead be given to a medical practitioner, nominated by the claimant.

1. Patient details

Surname:

[Grid for Surname]

First name:

[Grid for First name]

Address:

[Grid for Address]

Date of birth:

[Grid for Date of birth]
D D M M Y Y Y Y

PPS No.:

[Grid for PPS No.]

Mobile Telephone Number:

[Grid for Mobile Telephone Number]

The patient may be contacted by text message in relation to a medical assessment.

2. Your patient since:

[Grid for Your patient since]
D D M M Y Y Y Y

3. Diagnosis(es) (use BLOCK CAPITALS):

[Grid for Diagnosis(es)]

4. ICD10 Code(s):

[Grid for ICD10 Code(s)]

5. Date condition started:

[Grid for Date condition started]
D D M M Y Y Y Y

6. How long do you expect this condition to continue?

[Radio buttons for duration: less than 3 months, 3-6 months, 6-12 months, 12-24 months, indefinitely]

7. Please give:

Medical history

[Text area for Medical history]

Surgical/Obstetrical history

[Text area for Surgical/Obstetrical history]

Hospital admissions

Relevant investigations

8. Please give details if any of the following apply:

Attending a specialist

On medication

Other treatment

Clinical findings

9. Please attach any relevant reports/results of investigations.

Additional Information:

Part 4

Checklist

— Do you have a Free Travel Card/Pass already?

Yes No

If 'No', you must complete form FT 1 instead.

— Have you signed Part 1?

Yes No

— Have you signed Part 2 to allow your doctor to share your medical information with the Department?

Yes No

— Has your doctor completed and stamped Part 3?

Yes No

If you do not have a standard Free Travel Card you should complete form FT 1 instead of this form.

Send this completed application form to:

Please return completed application form to:

Free Travel
Social Welfare Services
College Road
Sligo

Telephone: 071 915 7100

LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call +353 71 915 7100.

For more information, log on to www.gov.ie.

For Official use Only

This pass is issued if the claimant is considered to be medically unfit to travel unaccompanied. In this case the applicant is considered to be:

suitable Not suitable More medical evidence required

Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.