

Review Request Form

Name:	
Address:	
Ref number (on Blue Badge Correspondence)	
Please indicate your reason for requesting a review below:	
1. Your mobility problems have become more serious	Yes/No
If "Yes" please provide details: e.g. new medical conditions, change to prescribed medication, deterioration in walking ability	
2. All the relevant facts were not taken into consideration at the time of assessment.	Yes/No
If "Yes" please provide details:	
Supporting Documents	
You will need to provide additional information to support this review. Please only send copies of information that is already in your possession. It is not necessary to approach your GP for additional information. Please list the items you are submitting:	

Any other information you wish us to consider: