

## To Whom It May Concern

**RE: Medical verification of incurable illness diagnosis** (illness is progressive, cannot be cured and is expected to limit life expectancy to five years or less)

I am applying for a TimeOut Stay through TimeOut Charitable Trust. They connect holiday homeowners with individuals diagnosed with stage 4 cancer or an incurable illness, so they can take a much-needed break with family & friends. As part of the application process, I am required to provide medical confirmation of my eligibility. I would appreciate it if you could complete and sign the section below to confirm my diagnosis.

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**To be completed by a supporting GP, registered medical practitioner, registered nurse practitioner or registered clinical nurse specialist.**

Patient's Full Name:.....

Patient's Date of Birth: .....

Patient's NHI:.....

I, .....  
[Full Name of Registered Practitioner]

Confirm that:

- I am the supporting **GP / registered medical practitioner / registered nurse practitioner / registered clinical nurse specialist** (please circle one) of the above-named patient

- The patient has been diagnosed with (please tick):

☐ End Stage Cardiac Disease / Heart Failure

☐ End Stage Kidney Disease

☐ End Stage Liver Disease

☐ End Stage Lung Disease (e.g. COPD / Interstitial Fibrosis)

☐ End Stage Multiple Sclerosis

☐ End Stage Parkinson's Disease

☐ Motor Neurone Disease

☐ OTHER (please name): .....

This illness is progressive, cannot be cured and is expected to limit life expectancy to five years or less

**Practitioner's Signature:** ..... **Date:** .....

Practice Name: .....

Practice Address: .....