

## Section 2 - About your health condition or disability

Although it's your responsibility to send supporting information, occasionally we may ask the main health professional who knows about your condition for information. This may be your GP, hospital consultant or a specialist nurse. Please provide their details below.

**Name**

**Profession**

**Address**

**Postcode**

**Surgery telephone**

(including dialling code)

### **Giving us your consent to obtain further information**

If we do need to contact one of your health professionals, or other people or organisations that support you for more information, we need your consent to do this.

You don't have to agree to us contacting these people or organisations but if you don't, we may not have all the information we need when we make our decision about your PIP.

**Do you agree that:**

- **we, or someone working on our behalf, may ask your GP, or other people or organisations, for this information and**
- **your GP, or other people or organisations, can give us, or someone working on our behalf, this information?**

**Yes**

**No**

You can withdraw your consent at any time by calling us on 0800 121 4433.

## Section 2 - About your health condition or disability continued

Tell us below about any **current health conditions or disabilities** you have:

- include existing conditions and any new conditions since we last looked at your award
- tell us approximately when each one started

Health condition or disability	Approximate start date
Example: Diabetes	

**What medication are you currently taking?**

Medication	Dosage	Frequency
Example: Aspirin	500mg	Once a day

If you have a copy of your **current repeat prescription**, send this to us as part of your supporting information. **DO NOT** send factsheets or leaflets about your medications.

**Tell us about any treatments, therapies or surgery since we last looked at your award**

Name of treatment, therapy or operation	When did you have it or when will it start?	How often did or will you have it?
Example: Physiotherapy		

If you have copies of your **test results or care plans** for example, send these to us as part of your supporting information. **DO NOT** send appointment cards or letters about appointments.

**Tell us about any hospital admissions since we last looked at your claim  
also tell us about any future hospital stays you already know about**

Reason for admission	Admission Date	Discharge Date
Example: Hip replacement surgery		

If you have copies of your **hospital discharge papers or treatment plans** for example, send these to us as part of your supporting information.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

## Section 3 - How your health condition or disability affects you

This section asks you to tell us about any changes in how you carry out the 12 PIP daily living or mobility activities since we last looked at your award. Also use this section to tell us if things have stayed the same.

If the effects of your health condition can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

You need to answer **all** the questions and the information sheet can help you with this.

Remember to send us supporting information that tells us how your health condition or disability affects you now. Examples of the types of information you should send are on the information sheet.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

### 1. Preparing food and cooking

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 2. Eating and drinking

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 3. Managing treatments, taking medication and monitoring your health condition

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

#### 4. Washing and bathing

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

#### 5. Managing toilet needs or incontinence

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 6. Dressing and undressing

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 7. Speaking to people, hearing and understanding what they say and being understood

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 8. Reading and understanding signs, symbols and written words

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 9. Mixing with other people

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 10. Making decisions about spending and managing your money

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 11. Planning and following a route to another place

**Tell us if something has changed and approximately when.**

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

## 12. Moving around

### How far can you walk?

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end

Less than 20 metres	<input type="checkbox"/>
Between 20 and 50 metres	<input type="checkbox"/>
Between 50 and 200 metres	<input type="checkbox"/>
200 metres or more	<input type="checkbox"/>

**Do you need to use an aid or assistance from another person to help you walk (tick the boxes that apply to you).**

No <input type="checkbox"/>	I sometimes need an aid <input type="checkbox"/>	I always need an aid <input type="checkbox"/>
	I sometimes need assistance <input type="checkbox"/>	I always need assistance <input type="checkbox"/>

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

### The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

If you're eligible to join the Motability Scheme would you like us to post you information about the help they can offer you? We won't share your personal details with Motability.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you decide you don't want to receive information about Motability in the future, please contact us on **0800 121 4433** to let us know.

**13. Is there anything else you think we should know about your health condition or disability?**

For example, you may be waiting for adaptations to your home.