

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	March 2017
Severe secondary tri compartmental osteoarthritis Necrotic fused left knee Inflammatory arthritis Chronic back pain Vasculitis PTSD Agoraphobia	See conditions box

What medication are you currently taking?

Medication	Dosage	Frequency
Example: Aspirin	500mg	Once a day
See attached prescription list. Crutches, Carpal tunnel wrist splints. Handrails at house doors / 2 handrails on staircase, Grab rails in bathroom, Bath stool, Bath step with handrail, Grab rail, Toilet support frame, Raised toilet seat, Indoor trolley walker, , commode, Disposable bed sheets.		

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 on 31 October 2016

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	April 2016	Once a week
I have a Care-coordinator and access to the Crisis Team. I am known to them - re Suicide Prevention Team.	Ongoing	

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 on 31 October 2016, also tell us about any future hospital stays you already know about

Reason for admission	Admission Date	Discharge Date
Example: Hip replacement surgery	10th May 2016	31st May 2016

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.

I cannot cook any meals, my son does this for me, it is unsafe to do so. I cannot lift anything weighty like pans due to my mobility issues and also that I am at risk of my knee giving way which result in falls. I have issues with my grip, I cannot chop, or peel safely.

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

I experience chronic pain and weakness in my joints and muscles, making it unsafe to attempt cooking even a simple meal. I have aids to help me in the kitchen, however, I struggle to use a perching stool due to pain and numbness in my left leg, knees, hip and weakness.

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

Cooking is very dangerous for me to manage, I lack grip and risk cutting myself, I also struggle to hold onto anything safely. I cannot stand or sit long enough to cook a meal. I lack motivation and need a lot of prompting when it comes to preparing a meal.

2. Eating and drinking

Tell us if something has changed and approximately when.

I have pain and lack of grip in the hands, my coordination is also very poor, I would not be able to safely cut up foods without help. I struggle lifting things due to weakness, pain and lack of grip. My mental health has dramatically declined and I go long periods without eating, this is a form of control which is a result of my low moods.

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

I require prompting to eat a meal, I forget and need a lot of encouraging. I avoid eating meals at times due to being very fatigued. I would not be interested in eating, this is due to low moods that I experience along with terrible pain which restricts my appetite.

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

I need encouragement and prompting to eat and drink or I regularly skip meals, this can last for a number of days. I struggle due to poor grip and prefer to just use one piece of cutlery. My son helps me manage my daily struggles with food.

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

Tell us if something has changed and approximately when.

I really struggle managing my medication, I need to use an aid to manage my tablets and need prompting and encouraging to ensure I take the correct medication. This is something I have struggled with for a long time, there have been no changes to how I complete this activity.

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

I struggle to take my medication due to poor memory and cognition as a result of my mental health issues, I need help with managing my medication and I am prompted to take my medication. My son monitors my medication, I am restricted to how much medication I can have with the pharmacy limiting it to one week's dose.

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

I believe I continue to fit the following descriptor, for needing an aid or appliance to be able to manage my medication, I need supervision and prompting to manage my medication or to monitor my health conditions. Awarded 1 point.

4. Washing and bathing

Tell us if something has changed and approximately when.

There have been no changes to how I complete this activity, I am still faced with the same difficulties and need the same level of support from my son and from the aids used.

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

I have a number of aids, however, I struggle to use them safely. I need supervision as I cannot safely get in and out of the shower as I become a falls risk. I am very unsteady on my feet, this has progressively worsened over time. I cannot raise my arms safely to wash my upper body or my lower body and need support with this.

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

I believe I continue to fit the following descriptor, I need assistance from another person to wash in between my shoulders and waist. Awarded 4 points.

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.

There have been no changes to how I complete this activity, I am still faced with the same difficulties and need the same level of support both from my son and from the aids that I use.

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

I struggle to get on and off the toilet due to back pain, weakness in my hips and poor movement my knees, I make use of aids. I have a raised toilet seat, frame and grab handles, however, I can still require help with getting on and off the toilet.

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

I feel that I still continue to meet the descriptor for needing an aid or appliance to manage my toilet needs. Awarded 2 points.

6. Dressing and undressing

Tell us if something has changed and approximately when.

There have been no changes to how I complete this activity, I am still faced with the same difficulties and need the same level of support both from my son and from the aids that I use.

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

I often need prompting to change my clothes, I can be in the same clothes, knowing I need to get changed but I won't have the energy or motivation to do it. My son has to physically help me due to pain and restricted movements. I have to wear supportive shoes as my feet swell and I opt for loose clothing.

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

I feel that I still continue to meet the descriptor for needing an aid or appliance to dress and undress. Awarded 2 points.

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

Tell us if something has changed and approximately when.

I do not have any issues with physically speaking.

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.

I am independent in reading.

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.

I avoid mixing with others, due to my lack of confidence. I am very isolated. I get very anxious about leaving the house, even with prompting and encouragement I feel as though everyone is staring at me, I have no confidence at all, this has become much more difficult to manage.

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

I am still prompted and encouraged to go out of the house, however, I avoid any public events as much as possible, I become very anxious at the thought of mixing with others and I cannot cope very well with it at all, so I try to avoid public places. I go into complete panic at the thought of it and want to be at home which is my safe zone.

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

I need social support, I dread any times when I need to be around other people, I spend the majority of my time at home, this has worsened over time. My mental health has declined massively and I am under the mental health team with a direct number to the crisis team.

10. Making decisions about spending and managing your money

Tell us if something has changed and approximately when.
I am able to work out basic sums.
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.
I get very anxious at the thought of going out and I avoid it as much as possible. I do not go out on my own, I try to have support where possible, I get too anxious and feel that everyone is looking at me. This has become increasingly worse with the decline in my mental health.
Tell us how you manage this activity now, including the use of any aids that you need.
I cannot get to a new place at all on my own, it would cause too much anxiety. I cannot cope with public transport, due to the distress it causes me. I worry constantly about my surroundings when out even in known places. I can have panic attacks and prefer to be at home where I know I am safe.
Tell us about any changes to the help you need or the help you get from another person.
This activity has become very difficult to manage, I feel I should have been awarded points previously, however, I was not well enough to argue this. I need constant prompting and encouragement to get out of the house and going out can cause a lot of stress and anxiety.

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

☒

Between 20 and 50 metres

☐

Between 50 and 200 metres

☐

200 metres or more

☐

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

No

☐

I sometimes need an aid

☐

I always need an aid

☒

I sometimes need assistance

☐

I always need assistance

☒

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

I have days where I wake up in too much pain to manage walking, I have pain every day, I do have worse days which is when I am unable to walk any distance. I cannot walk more than 20m, I have pain and weakness in my hip and knee which I am waiting to have replaced. I struggle to stand for any length of time due to pain and weakness

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

I am at constant risk of falling, which happens often. I have weakness in my knees, back, and my legs can give way. I have overwhelming fatigue on walking so I have to stop and to rest. I have several aids to help with my mobility both in and out of the house and I also have support when doing this.

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.

☐

Yes

☒

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.