

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	
Rheumatoid Arthritis Crohn's disease Depression Anxiety	

What medication are you currently taking?

Medication	Dosage	Frequency
Example: Aspirin	500mg	Once a day
Please see prescription list provided.		

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.

I still need to use an aid or appliance to be able to prepare, or cook a simple meal, this remains the same as my previous application. My x also helps me to prepare food.

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

I have pain and weakness in my hands, I also have stiffness in my finger joints which affect my grip. I must avoid handling hot pans because I can drop them and burn myself. I cannot peel or chop because of the pain, stiffness and lack of grip in my hands.

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

My x helps me to prepare food because I risk dropping things whilst preparing food. I get very fatigued and I struggle to concentrate so my meals are prepared for me. I struggle to move around the kitchen safely due to stiffness in my joints. I cannot prepare food safely, reliably or repeatedly.

2. Eating and drinking

Tell us if something has changed and approximately when.
I still need to use an aid or appliance to eat and drink, with supervision from another person. I still need assistance also to cut up my food. This remains the same as my previous award.
Tell us how you manage this activity now, including the use of any aids that you need.
I use adapted cutlery when I am eating. I also have a disability cup to drink with. I have pain, stiffness and lack of grip in my hands and finger joints and I drop things constantly.
Tell us about any changes to the help you need or the help you get from another person.
I struggle to cut up my food because of pain, stiffness and lack of grip in my hands. My x will cut up my food. I have little motivation to eat when I am having a crohns so my x will prompt and encourage me to eat.

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

Tell us if something has changed and approximately when.
I still need to use an aid or appliance to be able to manage my medication, with supervision, prompting and assistance from my x to take my medication. This remains the same as my previous award.
Tell us how you manage this activity now, including the use of any aids that you need.
I have a dosette box as I have poor memory and become confused with my medication. My x dispense my tablets into the box because I am at risk of putting in the wrong pills, I also struggle to open the packaging due to lack of grip of my hands.
Tell us about any changes to the help you need or the help you get from another person.
I must be prompted and reminded daily to take my medication by my x. They also check that I have taken the correct medication having taken the wrong one in the past. I get very confused.

4. Washing and bathing

Tell us if something has changed and approximately when.
I still need assistance from my x to get in and out of the bath. This remains the same as my previous award. I also need assistance to wash my body and hair.
Tell us how you manage this activity now, including the use of any aids that you need.
I use a bath seat when I am washing as I cannot get fully into the bath. I have grab rails for getting in and out of the bath but I still need assistance from another person. I suffer with fatigue and find washing exhausting alongside joint stiffness and pain which makes washing very difficult for me.
Tell us about any changes to the help you need or the help you get from another person.
I must have assistance from my x to wash my back, feet and hair. I cannot bend to wash my legs and feet. I find it difficult and painful to wash my hair due to the pain and stiffness in my arms and joints when lifting them.

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.
I still need to use an aid or appliance to be able to manage my toileting needs and incontinence. This remains the same as my previous award.
Tell us how you manage this activity now, including the use of any aids that you need.
I have a raised toilet seat. I find it difficult to get on and off the toilet, as I have painful and stiff joints. I have to lean on the sink. I suffer with bowel incontinence and must wear prescribed incontinence pads daily. I have to take spare clothing when I am out.
Tell us about any changes to the help you need or the help you get from another person.
There are occasions when I struggle to get off the toilet and have to shout my x to help me, but I try to manage with my aids.

6. Dressing and undressing

Tell us if something has changed and approximately when.
I still need to use an aid or appliance to be able to dress and undress, I have assistance from my x. This remains the same as my previous award and application.
Tell us how you manage this activity now, including the use of any aids that you need.
I must avoid clothing with buttons or zips because of pain, stiffness and lack of grip in my hands and finger joints. My fine motor skills are impaired. I also wear slip on shoes as I cannot fasten the laces.
Tell us about any changes to the help you need or the help you get from another person.
My x must help me to dress because I find it very difficult. My joints hurt and I cannot lift my arms to pull tops over my head. My x put my shoes and socks on because I cannot bend down. Dressing is exhausting and considerably worsens my fatigue.

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

Tell us if something has changed and approximately when.
This remains the same as my previous award.
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.
This remains the same as my previous award.
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 need prompting from another person to be able to mix with other people, this remains the same as my previous application.
Tell us how you manage this activity now, including the use of any aids that you need.
I experience depressive low moods and lack the motivation to mix with others. I become too anxious amongst people especially crowds. My chest will tighten and I find it difficult to breathe when I am anxious and panicked.
Tell us about any changes to the help you need or the help you get from another person.
My x will prompt and encourage me to mix with other people but I refuse. I find it easier to stay at home so I don't become anxious or panicked. If I have to meet new people I would need a family member with me for support.

10. Making decisions about spending and managing your money

Tell us if something has changed and approximately when.
This remains the same as my previous application, I still need support from another person to manage my household bills and budgeting decisions.
Tell us how you manage this activity now, including the use of any aids that you need.
Due to my anxiety, managing budgeting or finances can make me to be very anxious that I get confused. I also find it difficult to add up money and struggle massively.
Tell us about any changes to the help you need or the help you get from another person.
To help with my anxiety and panic attacks my x manages all household bills and budgets.

11. Planning and following a route to another place

Tell us if something has changed and approximately when.
I need prompting from another person to undertake any journey, I must have support to plan and follow a journey because of my mental health conditions. This remains the same as my previous application.
Tell us how you manage this activity now, including the use of any aids that you need.
I lack the motivation to go outside my home because of depressive moods. My x prompt and encourage me to go out but I need to stay home where I feel safe. I experience high levels of anxiety and panic attacks. When I have to go out my chest tightens and I feel breathless.
Tell us about any changes to the help you need or the help you get from another person.
I only go out when attending appointments. I need a family member to take me as I am too anxious to go out alone. I need their support when going out to calm me down when I am anxious and panicked. I worry about lots of things when out such as my mobility issues and poor memory or becoming lost.

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 a walking stick that has been provided by the OT. Moving around is extremely difficult, I have pain and stiffness in my hips, back, legs and knees The pain in my joints can be extremely painful affecting my ability to move around.

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

I am constantly in pain when standing, sitting or moving around. I cannot walk safely, reliably or repeatedly. I have poor balance and have fallen in the past. I need to pace myself when moving or this aggravates my pain and fatigue levels. This remains the same as my previous award.

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.

xxxx was previously awarded the enhanced rate of PIP for his daily living and mobility needs. His conditions are the same and he still requires the same level of support.