

Name

Address   
 Postcode

Profession

Phone number (include the diallingcode)

When did you last see them? (approximate date)

---

Name

Address   
 Postcode

Profession

Phone number (include the diallingcode)

When did you last see them? (approximate date)

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If you need to add more please continue at Q15 **Additional information.**



## Section 2 - About your health condition or disability

Use page 7 of the Information Booklet to help you answer these questions.

### Q2a Tell us in the space below:

- what your health conditions or disabilities are, and
- approximately when each of these started

Health condition or disability

Approximate start date

Example: Diabetes

May 2010

Sickle Cell Disease (HbSC)

Anaemia

Migraines

We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.

If you need to add more please continue at Q15 **Additional information**.

**Q2b Tell us about:**

- tablets or other medication you're taking or will be taking and the dosage
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis
- any side effects these have on you

Please see attached prescription list

Side effects:

Therapies:

Aids/adaptations;

If you need to add more please continue at Q15 **Additional information.**



### Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

#### Q3 Preparing Food

Use page 7 of the Information Booklet to help answer these questions.

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

- food preparation such as peeling, chopping or opening packaging, and
- safely cooking or heating food on a cooker hob or in a microwave oven

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q3a Do you need to use an aid or appliance to prepare or cook a simple meal?

Aids and appliances include things like:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators

Yes  No  Sometimes

#### Q3b Do you need help from another person to prepare or cook a simple meal?

By this we mean:

- do they remind or motivate you to cook?
- do they plan the task for you?
- do they supervise you?
- do they physically help you?
- do they prepare all your food for you?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

### Q3c Extra information - Preparing Food

Tell us more about any difficulties you have when **preparing and cooking food**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to prepare and cook food
- does whether you can do this vary throughout the day? Tell us about good and bad days
- can you cook using an oven safely? If not, tell us why not
- tell us about the aids or appliances you **need** to use to help you prepare and cook food
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the **help you need from another person** when preparing food. This includes help you have **and** help you need but don't get

I use a perching stool as I cannot stand for long periods of time. I experience back, chest and lower limb pain which is increasing.

I have profound fatigue, and often feel drained every day. I cannot prepare meals, I have to rely on my family as my grip is impacted by painful hands/fingers. I cannot hold anything and I use the counter top to help stabilise myself.

My hands and feet swell when the red blood cells block the blood flow making it difficult to pick things up, stand to peel to chop vegetables or carry lightweight pots and pans. The pain travels from the top of my arm to my fingers then into my other arm.

If I have a painful crisis or migraine I am unable to go into the kitchen at all.

If you need to add more please continue at Q15 **Additional information**.



#### Q4 Eating and drinking

Use page 8 of the Information Booklet to help answer these questions.

##### Tell us about whether you can eat and drink.

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth, and
- chewing and swallowing food and drink

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q4a Do you need to use an aid or appliance to eat and drink?

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes  No  Sometimes

#### Q4b Do you use a feeding tube or similar device to eat or drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

Yes  No  Sometimes

#### Q4c Do you need help from another person to eat and drink?

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q4d Extra information - Eating and drinking**

Tell us more about any difficulties you have when **eating and drinking**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids and appliances you **need** to use to help you eat and drink
- tell us about the **help you need from another person** when eating and drinking. This includes help you have **and** help you need but don't get

I have intermittent painful crisis on a weekly basis which results in overwhelming, debilitating pain. During this time I hardly eat or drink and skip meals because of the level of pain. I am often feeling very weak so I need prompting during this time.

The crisis can be so severe that I have had to visit A&E because of this.

During this time I cannot hold anything or able to get food and drink to my mouth reliably.

If you need to add more please continue at Q15 **Additional information**.



**Q5 Managing treatments**

Use page 8 of the Information Booklet to help answer these questions.

**Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.**

Monitoring changes includes things like:

- monitoring blood sugar level
- changes in mental state, and
- pain levels

A home treatment includes things like:

- physiotherapy, and
- home dialysis

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q5a Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**

For example using a Dosette Box for tablets.

Yes  No  Sometimes

**Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

By this we mean:

- do they remind you to take medications and treatment?
- do they supervise you while you take your medication?
- do they physically help you take medication or manage treatments?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q5c Extra information - Managing treatments**

Tell us more about any difficulties you have with **managing your treatments**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to manage your treatments
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you monitor your treatment
- tell us about the **help you need from another person** when managing your treatments. This includes help you have **and** help you need but don't get

I have a dosette box and rely on alarms to help track my medication. Despite having these aids, the painful crisis can be so severe that I cannot remember.

I am incredibly forgetful and my migraines are so debilitating, any alarms can be missed so I rely on my x to remind me, if they did not do this I would be at risk of taking too many.

My condition has to be monitored as sickle cell can cause a number of serious problems that appear suddenly and when I have a severe pain crisis it requires a hospital stay.

I have been admitted many times and only recently because the pain level became too much leading to a crisis and infections.

If you need to add more please continue at Q15 **Additional information**.



**Q6 Washing and bathing**

Use page 8 of the Information Booklet to help answer these questions.

**Tell us about whether you can wash and bathe.**

This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a standard bath or shower

This doesn't include any difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q6a Do you need to use an aid or appliance to wash and bathe yourself, including using a bath or shower?**

Aids and appliances include things like:

- bath / shower seat, grab rails

Yes  No  Sometimes

**Q6b Do you need help from another person to wash and bathe?**

By this we mean:

- do they physically help you?
- do they tell you when to wash and bathe?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q6c Extra information - Washing and bathing**

Tell us more about any difficulties you have when **washing and bathing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to wash and bathe
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you have difficulty washing particular parts of your body? Which parts?
- does it take you a long time to wash and bathe?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you wash and bathe
- tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don't get

I have a wet room with a seat and grab rails to help me stabilise as my lower limb pain makes it difficult to weight bear. I cannot shower for long owing to the pain and energy consumed. I usually sit on my seat and let the water pour over me.

Pain travels from arm to arm and the swelling increases in my hands. During this time, I cannot wash my hair, lift my arms to wash myself or wash my back reliably. I need assistance from someone to do this.

Following a crisis, in a recovery period I need to rest and regain some strength. I need a lot of encouragement and motivation to keep up my personal hygiene because most days, I do not have the energy so I avoid it until I absolutely have to.

If you need to add more please continue at Q15 **Additional information**.



**Q7 Managing toilet needs**

Use page 9 of the Information Booklet to help answer these questions.

**Tell us about whether you can use the toilet and manage incontinence.**

Using the toilet means:

- being able to get on or off a standard toilet, and
- cleaning yourself after using the toilet

Managing incontinence means:

- emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so

This doesn't include difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box

**Q7a Do you need to use an aid or appliance to use the toilet or manage incontinence?**

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag

Yes

No

Sometimes

**Q7b Do you need help from another person to use the toilet or manage incontinence?**

By this we mean:

- do they physically help you?
- do they tell you when to use the toilet?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

Yes

No

Sometimes

**Q7c Extra information - Managing toilet needs**

Tell us more about any difficulties you have with your **toilet needs or incontinence**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- are you incontinent? Tell us in what way and how you manage it
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you manage your toilet needs
- tell us about the **help you need from another person** when managing your toilet needs. This includes help you have **and** help you need but don't get

I have a lot of lower limb pain and tender abdominal swelling, making it a struggle getting on and off the toilet. I use grab rails in my toilet downstairs and a sink I hold onto in my toilet upstairs. During a crisis I need help to get on and off the toilet safely because of the pain and weakness throughout my body

I have severe pain and weakness in my legs and find it very difficult to bend to use the toilet then stand.

If you need to add more please continue at Q15 **Additional information**.



**Q8 Dressing and undressing**

Use page 9 of the Information Booklet to help answer these questions.

**Tell us about whether you can dress or undress yourself.**

This means:

- putting on and taking off clothes, including shoes and socks
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q8a Do you need to use an aid or appliance to dress or undress?**

Aids and appliances include things like:

- modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

Yes  No  Sometimes

**Q8b Do you need help from another person to dress or undress?**

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress or undress?
- do they tell you when to change your clothes?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

### Q8c Extra information - Dressing and undressing

Tell us more about any difficulties you have when **dressing and undressing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to dress and undress
- does whether you can dress or undress yourself vary throughout the day? Tell us about good and bad days
- do you only have difficulty dressing certain parts of your body? Which parts?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you with dressing and undressing
- tell us about the **help you need from another person** when dressing and undressing. This includes help you have **and** help you need but don't get

I cannot dress or undress myself most of the time, and during a crisis I cannot raise my arms, reach down to dress myself or pull anything over my head. I get episodes of severe pain in my abdomen, chest, my bones and joints.

I suffer with severe fatigue and spend a lot of time in the same clothes because of having no strength or the energy to get changed, my family have to really encourage me because it is so painful.

My clothing is easy to wear with plenty of room and no fastenings as I find it really difficult to fasten buttons and any clasps because of painful hands and fingers.

If you need to add more please continue at Q15 **Additional information**.



**Q9 Communicating**

Use page 10 of the Information Booklet to help answer these questions.

**Tell us about whether you have difficulties with your speech, your hearing or your understanding of what is being said to you.**

This means in your native spoken language.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q9a Do you need to use an aid or appliance to communicate with others?**

Aids and appliances include things like:

- hearing and voice aids
- picture symbols, and
- assistive computer technology

Yes

No

Sometimes

**Q9b Do you need help from another person to communicate with others?**

By this we mean:

- do they help you understand what people are saying?
- do you have someone who helps you by interpreting speech into sign language?
- do they help you by speaking on your behalf?

This includes help you have **and** help you need but don't get.

Yes

No

Sometimes

**Q9c Extra information - Communicating**

Tell us more about any difficulties you have with **your speech, your hearing and your understanding of what is said to you**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
- tell us about the aids or appliances you **need** to help you to communicate
- tell us about the **help you need from another person** when communicating. This includes help you have **and** help you need but don't get

I am independent in this activity.

Communicating Descriptor:

you need to have a Hearing Aid in both ears, or

Almost Deaf, not just Tinnitus, or

Memory issues etc.

You need to have support from a trained or experienced person in communicating with people.

'Complex verbal information'; information conveyed verbally in your own language in more than one sentence or one complicated sentence.

If most of the time you are able to understand or speak two short sentences or one long one without support of an experienced person, you won't score points.

If you need to add more please continue at Q15 **Additional information**.



**Q10 Reading**

Use page 10 of the Information Booklet to help answer these questions.

**Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.**

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q10a Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances include things like magnifiers

Yes  No  Sometimes

**Q10b Do you need help from another person to read or understand signs, symbols and words?**

By this we mean do they read or explain signs and symbols to you?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q10c Extra information - Reading**

Tell us more about any difficulties you have when **reading and understanding signs, symbols and written words**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do your difficulties depend on how complicated the signs, symbols and words are, or how big they are?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you read
- tell us about the **help you need from another person** when reading. This includes help you have **and** help you need but don't get

I am independent in this activity.

Reading Descriptor;

If you cannot read 51% of the time a simple line of text, not necessarily understand it, but read it, then only those with significant sight issues will apply unless they are significantly Dyslexic etc, no points are given if illiterate.

If you can speak on phone you are communicating fine.

If you need to add more please continue at Q15 **Additional information**.



**Q11 Mixing with other people**

Use page 10 of the Information Booklet to help answer these questions.

**Tell us about whether you have difficulties mixing with other people.**

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

It includes both people you know well and people you don't know.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q11a Do you need another person to help you mix with other people?**

By this we mean:

- do they encourage you to mix with other people?
- do they help you understand how people are behaving and how to behave yourself?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?**

Yes  No  Sometimes

**Q11c Extra information - Mixing with other people**

Tell us more about any difficulties you have when **mixing with other people**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- do you have behaviours that could put yourself or others at risk?
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you avoid mixing with other people, some more than others?
- does it take you a long time to mix with other people?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about the **help you need from another person** when mixing with other people. This includes help you have and help you **need** but don't get

I am independent in this activity.

If you need to add more please continue at Q15 **Additional information**.



**Q12 Making decisions about money**

Use page 11 of the Information Booklet to help answer these questions.

**Tell us about whether you can make decisions about spending and managing your money.**

This means:

- understanding how much things cost
- understanding how much change you should get
- managing budgets, paying bills and planning future purchases

This activity looks at your decision making ability not things like getting to the bank.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?**

By this we mean:

- do you need someone to do it for you?
- do they need to remind you to do it or how to do it?
- do you need someone to help you understand?

This includes help you have **and** help you need but don't get.

Yes

No

Sometimes

**Q12b Do you need someone else to help you to manage your household budgets, pay bills or plan future purchases?**

By this we mean:

- do you need someone to do it for you?
- do they have to help you manage your bills?
- do you need encouraging to do it?

This includes help you have **and** help you need but don't get.

Yes

No

Sometimes

**Q12c Extra information - Making decisions about money**

Tell us more about any difficulties you have when **making budgeting decisions**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
- tell us about the **help you need from another person** when making decisions about money. This includes help you have **and** help you need but don't get

I am independent in this activity.

Money descriptor:

Example - Bipolar episodes of manic spending will only apply if 51% of time, if this is rare it will need to be evidenced.

It is 'Mental Health,' not Physical, it doesn't matter if you cannot use cash machine, or remove money from purse, DWP checks if you have a bank account and that you understand you have to pay for things, and have an idea of cost,

Cannot manage budgeting doesn't count, nor does DRO and bankruptcy orders, we recommend you still put these on for clarification of poor skills, but unlikely to gain points.

If you need to add more please continue at Q15 **Additional information**.



**Q13 Going out**

Use page 11 of the Information Booklet to help answer these questions.

**Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.**

This includes planning and following a route to another place using public transport.

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q13a Do you need help from another person to plan and follow a route to somewhere you know well?**

By this we mean do you:

- need someone to help you plan a route, or plan it for you?
- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q13b Do you need help getting to somewhere you don't know well?**

By this we mean do you:

- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?
- need help using public transport?

This includes help you have **and** help you need but don't get.

Yes  No  Sometimes

**Q13c Are you unable to go out because of severe anxiety or distress?**

Yes  No  Sometimes

**Q13d Extra information - Going out**

Tell us more about any difficulties you have when **planning and following a route**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- does whether you can do this depend on where you're going?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about the **help you need from another person** when planning and following a journey. This includes help you have **and** help you need but don't get

I am independent in this activity.

If you need to add more please continue at Q15 **Additional Information**.



**Q14 Moving around**

Use page 11 of the Information Booklet to help answer these questions.

**Tell us about whether you can physically move around.**

This means how well you can walk and if you **need** to use aids and appliances to get around.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q14a How far can you walk taking into account any aids you use?**

- 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

It varies

**Q14b Do you need to use an aid or appliance to walk?**

Walking aids include:

- walking sticks
- walking frames
- crutches, and
- prostheses

Yes

No

Sometimes

**Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?**

Yes

No

Sometimes

#### Q14d Extra information - Moving around

Tell us more about any difficulties when **moving around**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you regularly fall? Do you find it difficult to move around on certain ground surfaces?
- do you use a wheelchair? Is it motorised or manual?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness, tiredness, dizziness or anxiety?
- tell us about the aids or appliances you **need** to use when moving around
- tell us about the **help you need from another person** when moving around. This includes help you have and help you **need** but don't get

I cannot move around or weight-bare for any distance without extreme pain. Standing takes a lot of effort as pain is predominantly in my lower limbs, however it also spreads to my abdomen, chest, arms and joints.

When having a painful crisis I cannot move at all and need to rest until the pain has eased which can take hours, sometimes days before I feel able to move.

I hold onto the walls and furniture to try and stabilise myself but because of my inability to stand for any length of time. I spend a lot time sitting.

I walk very slowly as I become breathless as a result and need to stop to try and gain my breath back. I have severe fatigue which makes it difficult to move around as I use up a lot of energy that I cannot replenish.

If you need to add more please continue at Q15 **Additional information**.



**Q15 Additional information**

Tell us anything else you think we should know about your health conditions or disabilities and how these affect you that you haven't mentioned already.

- If any carers, friends or family want to provide further information they can do it here
- You don't have to complete this part if you've covered everything in the form



## Section 4 - What to do now

Also see page 12 of the Information Booklet

- Tear off and keep the letter on the front page
- Check you've answered all the questions and sign the declaration in ink.
- Place this form in the envelope provided so that the address on the back page shows through the window.

### What happens next

After we've received your form we may contact you to arrange a face-to-face consultation with a health professional.

This will give you the chance to tell us more about how your health condition or disability affects your daily life. If you've given us enough information, we might not need to see you.

**If we ask you to go to a face-to-face consultation, you must attend, or we can't decide if you're able to get PIP.**

### Coming to a face-to-face consultation

You'll be able to take someone with you. If you can't attend on the date given, you can contact the health professional to rearrange. The consultation will last about an hour, it's not a full physical examination, but the health professional will talk to you to understand how your health condition or disability affects your daily life.

Tell us about any help you (or someone you bring with you) would need if you have to go for a face-to-face consultation.

I require as much notice as possible. Please ensure that if an assessment is needed that the centre is disability friendly.

**Declaration**

**We cannot pay any benefit until you've signed the declaration and returned this form to us. Please return**

**I declare that** the information I have given on this form is complete and correct.

**I understand** if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

**I understand** I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

**This is my claim for Personal Independence Payment.**

Signature

Date

Print your name here

