



Please complete the attached form to help your patient

June 2019

PIP MEDICAL REPORT REQUEST

Name of patient:

Address of patient:

Patient's DOB:

Name of GP/ Specialist:

GP/ Specialist Address:

Stamp / Signature:

Date:

Date when patient last seen:

Diagnosis of main disabling condition(s), treatment and prognosis (if known), tests taken, referrals and medication prescribed:

If a medical examination is requested by the DWP, does your patient require a home visit from ATOS to carry this out (because attending a medical examination at an examining centre would exacerbate their condition)? Does your patient have difficulties in being able to go out reliably, due to the extent of their symptoms?

Please comment on your patient's ability to carry out the following descriptors set out below that make up PIP's daily living component.

1. PREPARING FOOD

This is about your patient's ability to cook make a cooked one-course meal for one, using FRESH and not pre-prepared ingredients.

2. TAKING NUTRITION

This activity is about the patient's ability to feed themselves by cutting up food on a plate, getting it to their mouth and then chewing or swallowing.

3. MANAGING THERAPY OR MONITORING A HEALTH CONDITION

This is about being able to take medication safely and reliably and about the patient's ability to monitor their own health, for example by stopping before their symptoms get worse, or carrying out physio exercises and the other recommendations.

4. WASHING AND BATHING

This activity is about the patient's ability to wash and bathe, including washing and bathing their whole body and getting in and out of an unadapted bath or shower.

5. MANAGING TOILET NEEDS OR INCONTINENCE

This activity is about the patient's ability to get on and off the toilet, empty their bladder and bowels and clean themselves afterwards.

6. DRESSING AND UNDESSING

This activity is about the patient's ability to dress and undress themselves in clothing appropriate to their culture and should not have been specially adapted or modified. This means that even things like wearing loose-fitting, comfy clothes or avoiding certain types of clothes or shoes because of the difficulties they have putting them on, should be mentioned here.

7. COMMUNICATING VERBALLY

This activity is about your patient's ability to speak in a way the people will understand and also to understand what other people are saying to them. Can they do so reliably or do they have times of the day where they struggle with word-finding, processing verbal information, etc?

8. READING AND UNDERSTANDING – SIGNS, SYMBOLS AND WORDS

This activity is about your patient's ability to read and understand written information in their own language, in a standard-size text.

9. ENGAGING WITH OTHER PEOPLE FACE-TO-FACE

This is about the patient's ability to get on with other people socially when they are face-to-face. This could either be with people they know or people they don't know. Can they understand body language, establish relationships and interact in a contextually and socially-appropriate manner? Do they experience any psychological distress doing so as a result of either anxiety or of a cognitive impairment? The anxiety can have a physical root cause. So if their anxiety is about how people will judge them to the point where they are avoiding social interaction, this is worth mentioning.

10. MAKING BUDGETING DECISIONS

This activity is about your patient's ability to deal with money - from calculating the cost of goods to working out change after a purchase, being able to manage a budget / their money, plan for future purchases, to making sure there is enough money to pay all the bills. This can include; adding together the cost of two or three items when shopping; working out how much change they should get; working out a weekly budget and being able to monitor and stick to it; making money last until their next payment; setting aside money after each payment to meet future bills and avoiding buying items if they know they will be in serious financial difficulties if they do so.

Please comment on your patient's ability to carry out the following descriptors set out below that make up PIP's mobility component.

11. PLANNING AND FOLLOWING JOURNEYS

This activity is about your patient's ability to plan a journey and then actually undertake it. Do not include problems with walking, which is covered in the next heading.

Please comment on any difficulties your patient may have getting to familiar places (where they are likely to know the route) and unfamiliar places (where they would have to plan a route). Please also comment on whether it would be beneficial / necessary for them to be accompanied by someone to either familiar or unfamiliar places and explain why.

Finally, please comment on any significant distress or anxiety that going out could cause the patient. This could include an exacerbation in their symptoms (please describe which symptoms and for how long) but can also include any other significant distress or anxiety they may experience.

12. MOVING AROUND

This activity looks at the patient's ability to stand and then move around outdoors. Please comment on how far in metres the patient can repeatedly, reliably, within a reasonable timescale and safely walk with no significant discomfort or ill-effects. If this varies, please comment on the distance the patient can walk in the above stated manner for over 50% of the time. If there are periods in the day where they would struggle to walk, please put the distance that they could always manage in the above manner. Please also explain any difficulties the patient may experience if they attempt to mobilise further.

Please add any additional information you feel would be useful here: