

Personal Independence Payment

Consultation report form – PA4

Surname	<div>██████████</div>
Other names	<div>██████ ████████</div>
PIP reference number	<div>████████████████████</div>
Date of consultation	<div>25/01/2023</div>
Place of consultation	<div>Telephone consultation</div>
Time consultation started	<div>17:38</div>
Time consultation ended	<div>18:41</div>
Name of professional carrying out consultation	<div>████ ██████████ ████████</div>
Type of professional	<div>Nurse</div>

The following abbreviations may be used in this report: Further Evidence (FE), History of Conditions (HOC), Social and Occupational History (SOH), Functional History (FH), Informal Observations (IO), Musculoskeletal Overview (MSO), Mental State Examination (MSE), Overwhelming Psychological Distress (OPD).

List all evidence considered in formulating advice

PIP2 questionnaire 01/11/2022
Assessment completed via telephone call

12/08/2020- Psychologist assessment
All other FE available have been read and considered
16/12/2021 Certified copy of a deed of change of name

The purpose and nature of the consultation has been clearly explained to the claimant



The following individual attended the consultation with the claimant:

Name of individual

Not applicable

Relationship to claimant

Not applicable

History

History of conditions

Condition: Emotionally Unstable Personality Disorder (EUPD) 27 months
Current symptoms: suicidal ideation, reactive mood swings, impulsive, fear of abandonment which leaves him with little friend as he tends to leave people first due to fear of being abandoned. He hallucination, hear background people speaking behind him, feels like spiders are crawling around. He never reacts to the voices as he cannot understand what is being said. Gets attached to people who will then take advantage of them, can be impulsive
Investigation: diagnosed by the Islington personality disorder clinic
Variability: has good (stable) days and days when he is not feeling so great. They come in groups and can be difficult to say how each day/week go due to the swing. He will have 3 good stable weeks when his mood is not swinging that drastically, he is more in control and able to talk to people and not think the worst. He will then have 5- 6 bad weeks, he feels people are against him, feels low and suicidal or attempt suicide.
He states that he cannot say what type of day today is but he feels fine, he has his cat with him.
Current treatment : medication
Medical input: has a care coordinator who he was seeing for a period of time. He has not seen one since September. This has since stopped as he has had to move to another waiting list. He used to see a psychiatrist every 3 months , he has not seen one since October due to moving address and local authority. He is with Hackney local authority, he has been told that there is a long waiting list but has been given a number to the local mental health team if he needs help urgently.
Triggers/ Suicidal: has this thoughts everyday, GP is aware, nothing is planned at a time the moment. He has never been referred to a crisis or home treatment team.
He states that his cat is his protection. He has never been admitted to the hospital for suicidal attempt but has overdosed in the last week. He has not needed to go to the hospital. He does not have suicidal thoughts currently
Protection- His cat
Section: has never been sectioned under mental health act

Condition: Asthma - 13 years
Current symptoms: shortness of breath, tight chest, coughing, wheezing
Investigation: diagnosed by GP
Variability: States that his inhalers are mostly helpful
Current treatment : medication
Medical input: GP
Last hospital admission: OVER 18 months ago

Condition: Migraine 21 months
Current symptoms: one sided headaches, blurry vision, nausea
Investigation: diagnosed by GP
Variability: 2- 3 times a week lasting about 4 hours each time. The rest of the week are good days
Current treatment : medication
Medical input: GP
States that he has joint pain all over his body and hypermobility. He has not been diagnosed with any condition but his GP said he needs to be assessed for Ehler's Danlos syndrome.

Confirms no other medical conditions

Current medication and treatment

Current Medication:

Montelukast 10mg 1 tablet at night- asthma
Symbicort 400/12 x 2 times daily- asthma
Fostair 200/6 2 times daily- asthma- stopped as it was not helping
Fexofenadine 180mg - allergy
Topiramate 50mg 1 in the morning, 25mg 1 in evening- migraine
Aripiprazole 30mg 1 tablet daily
Lamotrigine 25mg a.m, 50mg p.m
Bupropion 150mg- anti depressant (currently not in stock for depression. Not in UK , so is waiting for the pharmacy to get a similar medication) he last took the medication 3 weeks ago

Efficacy: He feels he probably would have been worse without medication. He finds Aripiprazole is somewhat effective as it helps him able to leave home without feeling anxious or paranoid , Lamotrigine helps a little but his mood is still very variable. He states that he is waiting to be reviewed by his psychiatrist as he has been told it can only be change by them. States that all other medications are helpful to manage his asthma and migraine

Side effect:

Previous Medications:

Review: last reviewed in October for his asthma, migraine medications. The same for his mental health conditions

Stayed in crisis house- x 1 week last Summer 2022 due to impulsive suicidal thoughts (and when, why, for how long)

CBT- related to his mental health since he was young, he last had this when he was 14 years. (when, why, efficacy)

Social and occupational history

Accommodation: He lives with a flat mate in a first floor flat with no lift,

Bathroom/ toilet: 3 steps separating the kitchen from the bedroom

Aids/ adaptations: none

Education/ employment: He attended mainstream education, he did not have any support with learning. He is currently in Uni studying ancient languages. He is in his second year. He should be in 5 days a week, but will sometimes miss, he states that he is only able to make 2/3rd of his lesson. He states that this is due to migraine , anxiety, anxiety, asthma and joint. He states that he cannot say which of this is more debilitating but a mixture of everything.

Use of computer: he does a lot of his course work on his computer which can take some time.

Driving: does not own driving licence as he found it stressful

Hobbies/ interests: he does not do much else apart from his school as it gets him very tired. He has also not been able to keep a job more than 1 month as he is usually too tired so will get fired. He last had a job in December 2022 as a barister in a bakery. He made coffee, made coffee, put items away. He was so tired doing the late shift that he would take many days off from fatigue which got him fired. Barbarck (takes care of a bar) taking care of a bar, he will clean glasses. He had to quit due to the same reason of pain and fatigue

Pets: has a pet cat, he feeds him and clean his litter box

Shopping: he only goes food shop once a week, he does not find the experience good due to the cold. The store is about 10 minutes but will rather go further up to the store which is 15 minutes away as it is much cheaper. He will walk to the shop and take the bus back. He travels to uni on the bus which is usually about 50 minutes to 1 hour. He is able to do this by himself without difficulty

Dominant hand : he is right handed

PLEASE NOTE ABBREVIATIONS

MSE = Mental State Examination, IO = Informal Observation, SOH = Social and occupational history, FH = Functional History, HoC= History of Condition , OS = Other Systems, FME = Further Medical Evidence, MH = medication history, GP Factual report (GPFR), Majority of Days (MOD), Overwhelming psychological disorder (OPD)

Variability

Please see HoC

Preparing food

He states that he can make his own pasta or noodles but he can start with preparation and then gets side tracked or totally not feel the urge to cook or finish what he is doing. Pasta is cooked from fresh but this is when his flatmate or friends. He states that he knows how to cook but just not motivated and not bothered. He states that he would probably cook more often if he can bring himself to it. He was asked about the dizziness, he states that this is only when he is having a migraine. He denies any loss of consciousness.

Taking nutrition

He will usually have 2 meals at lunch and dinner. He rarely snacks but will on the very odd occasion. He states that he is able to feed himself without difficulty. He denies any weight loss or input from anyone to manage his diet

Managing therapy or monitoring a health condition

He states that his medications are in his bedroom on his desk. He states that he manages them by himself, he states that he has reminders on his phone and post it notes which then helps him manage them

Washing and bathing

Has no difficulty getting in and out of the bath but prefers to shower.
He showers 2 days in a week. He does not shower daily as he cannot bother to even do this. He will have the intention but cannot motivate himself

Managing toilet needs or incontinence

They claim being able to manage their toilet needs without the need for any type of support, and there is no evidence to suggest otherwise.

Dressing and undressing

He states that he does not change into clean clothes, he will mostly live in the same jeans and t shirt for as long as he can. Flat mate or friend will usually comment and even then, he will just walk away or change depending on his mood. He states that he has no physical difficulty just that he has no motivation

Communicating verbally

He states that he does not wear hearing aids and has no difficulty understanding what is being said to him

Reading and understanding signs, symbols and words

They claim being able to read and understand what is being read without the need for any type of support, and there is no evidence to suggest otherwise.

Engaging with others face to face

He states that he is not very good with engaging, he finds it difficult to establish conversation, he feels he does not know how to maintain a relationship as his mood swings which makes people wary of him. He was asked of any history of violent outbursts from his mood. He reports that he usually does not have any violent episodes, he might walk off or simply break off any relationship but this is his own way of managing his fear of being abandoned. He states that he does not know how to establish or keep a relationship, he will always be like this. He feels low, feels unloved and feels everyone is out to take advantage of him. He states that he can manage to engage with his regular GP but will struggle with a new person. He states that he has never had any altercation with anyone where the Police have been called. He would not speak to anyone if they asked for direction

Making budgeting decisions

He states that he has his own bank account which he manages by himself. He states that his bank app will tell him when a direct debit is which helps him make sure that he has enough money to pay his bills. He states that except when he is broke, he is able to manage his money and keep on top of his bills without difficulty.
He denies any debts

Planning and following journeys

He will go out 6 times a week to the local shop near his home for his basic things like milk. He is not accompanied or need to be accompanied to go anywhere or use public transport. He states that he is able to use google map to find direction to a new place and has no difficulty following the direction. He will do his big shop every weekend. On average, he will attend university 3 out of 5 days. He travels to uni by bus which is about 50 minutes - 1 hour. He states that he can use the train but he prefers the bus as the train can be loud. He was asked how he will manage a change to his bus route, he states that he has no difficulty with doing this by himself

Moving around

He walks about 4 minutes at a normal pace from his flat to the bus stop 3 days a week and on his way back from the shop. He walks at a normal pace unaided. He does not stop. He walks about 5 minutes from the bus stop to the university, he does not stop. He states that he is able to manage walking 20 minutes at any time before he gets ready, feels pain or dizziness. He denies ever falling to the ground or losing consciousness

Other relevant functional history

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Observations

General appearance and informal observations

Assessment completed via telephone call

Responded to call promptly and was able to go through security without difficulty. Introduction and consent to proceed obtained. He reports to be doing some uni work on his computer but happy to continue the assessment.

He was able to discuss his condition, medication in detail as well as respond to simple and complex verbal information and questions without need for this to be repeated or simplified. No evidence of cognitive impairment, was fully alert and orientated throughout assessment, answered all questions fully and appropriately. There was no report or evidence of pain at anytime during the assessment. Did not need prompting, had adequate general memory and concentration.

Claimant consent: No physical examination was necessary

Mental state

Interaction normal. Coped well at interview. Normal manner. Not anxious, agitated or tense. Adequate rapport.

Speech was normal in amount, content, rate, tone and volume.

Behaved normally. Not hostile, or withdrawn.

Conversation content during assessment indicated self-awareness and a good understanding of their condition.

No evidence of cognitive impairment. Was fully alert and orientated throughout assessment.

Answered all questions fully and appropriately.

Was able to participate in the process and engaged well without any input.

Had adequate general memory and concentration.

Musculoskeletal system and/or central nervous system

Not obtained consent.

Other relevant systems (e.g. Vision, Hearing, Cardiovascular, Respiratory etc.)

Not obtained consent.

Health professional's opinion - Daily Living activities

Activity	Descriptor	
1. Preparing food	a. Can prepare and cook a simple meal unaided.	
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	
	d. Needs prompting to be able to either prepare or cook a simple meal.	✓
	e. Needs supervision or assistance to either prepare or cook a simple meal.	
	f. Cannot prepare and cook food at all.	

Justification for descriptor choice

Restrictions reported

fatigued, overwhelmed , dizziness, joint pain

Recommendation and evidence used

Prompting is advised which is consistent with his HoC symptoms, as well as medication which shows current standard/ moderate anti psychotic and mood stabiliser with limited efficacy. FH report shows that he is prompted to manage this task

Reported restrictions not supported

Although he reports dizziness, fatigue and joint pain, this does not appear consistent with HoC which does not highlight any diagnosed condition which could impact him; his asthma is reported to be well controlled, FH 12 shows ability to walk for 20 minutes on average before needing to stop.

There is no report or history of LoC

Other descriptor supported

Not applicable.

Activity	Descriptor	
2. Taking nutrition	a. Can take nutrition unaided.	✓
	b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	
	c. Needs a therapeutic source to be able to take nutrition.	
	d. Needs prompting to be able to take nutrition.	
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	
	f. Cannot convey food and drink to their mouth and needs another person to do so.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>Prob- forgets to eat, effect of medication</p> <p>Recommendation and evidence used</p> <p>2A is advised in keeping with FH report which shows he is able to have 2 main meals daily without prompting, he will snack when he needs to . There is no report to support any input with managing nutrition. Reported effect from medication is not within the scope of this activity</p> <p>Reported restrictions not supported</p> <p>Not applicable.</p> <p>Other descriptor supported</p> <p>Not applicable.</p>
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Activity	Descriptor	
3. Managing therapy or monitoring a health condition	a. Either – (i) Does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	✓
	b. Needs any one or more of the following - (i) to use an aid or appliance to be able to manage medication (ii) supervision, prompting or assistance to be able to manage medication (iii) supervision, prompting or assistance to be able to monitor a health condition.	
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a	

Justification for descriptor choice

<p>Restrictions reported</p> <p>Forgets to take, when he remembers, he takes to overdose. - Is GP aware, any ongoing suicidal thoughts, any plan</p> <p>Recommendation and evidence used</p> <p>Evidence in FH which shows he is managing his medications without support, MSE showing adequate insight, memory and concentration support ability to manage this task independently without support.</p> <p>Reported restrictions not supported</p> <p>Although HoC does indicate suicidal thoughts/ ideation, he does have a protection, GP is aware and yet there is no input from crisis or home treatment team.</p> <p>Other descriptor supported</p> <p>Not applicable.</p>
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Activity	Descriptor	
4. Washing and bathing	a. Can wash and bathe unaided.	
	b. Needs to use an aid or appliance to be able to wash or bathe.	
	c. Needs supervision or prompting to be able to wash or bathe.	✓
	d. Needs assistance to be able to wash either their hair or their body below the waist.	
	e. Needs assistance to be able to get in or out of a bath or shower.	
	f. Needs assistance to be able to wash their body between the shoulders and waist.	
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>Too depressed</p>
<p>Recommendation and evidence used</p> <p>Prompting is advised which is consistent with his HoC symptoms, as well as medication which shows current standard/ moderate anti psychotic and mood stabiliser with limited efficacy. FH report shows that he is prompted to manage this task</p>
<p>Reported restrictions not supported</p> <p>Not applicable.</p>
<p>Other descriptor supported</p> <p>Not applicable.</p>

Activity	Descriptor	
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided.	✓
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	
	c. Needs supervision or prompting to be able to manage toilet needs.	
	d. Needs assistance to be able to manage toilet needs.	
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

Activity	Descriptor	
6. Dressing and undressing	a. Can dress and undress unaided.	
	b. Needs to use an aid or appliance to be able to dress or undress.	
	c. Needs either – (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	✓
	d. Needs assistance to be able to dress or undress their lower body.	
	e. Needs assistance to be able to dress or undress their upper body.	
	f. Cannot dress or undress at all.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>N/P</p>
<p>Recommendation and evidence used</p> <p>Prompting is advised which is consistent with his HoC symptoms, as well as medication which shows current standard/ moderate anti psychotic and mood stabiliser with limited efficacy. FH report shows that he is prompted to manage this task and even then this depends on his mood.</p>
<p>Reported restrictions not supported</p> <p>Not applicable.</p>
<p>Other descriptor supported</p> <p>6A was considered however, in view of his mental health condition, medication and reported variability, this would not be reliable</p>

Activity	Descriptor	
7. Communicating verbally	a. Can express and understand verbal information unaided.	✓
	b. Needs to use an aid or appliance to be able to speak or hear.	
	c. Needs communication support to be able to express or understand complex verbal information.	
	d. Needs communication support to be able to express or understand basic verbal information.	
	e. Cannot express or understand verbal information at all even with communication support.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>Issues around understanding</p> <p>Recommendation and evidence used</p> <p>IO notes he was able to discuss his condition, medication in detail as well as respond to simple and complex verbal information and questions without need for this to be repeated or simplified. FH reports no restriction with understanding what is being said to him which would support ability to manage this task without aid or support.</p> <p>Reported restrictions not supported</p> <p>Not applicable.</p> <p>Other descriptor supported</p> <p>Not applicable.</p>
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Activity	Descriptor	
8. Reading and understanding signs, symbols and words	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	✓
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	
	c. Needs prompting to be able to read or understand complex written information.	
	d. Needs prompting to be able to read or understand basic written information.	
	e. Cannot read or understand signs, symbols and words at all.	

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

Activity	Descriptor	
9. Engaging with others face to face	a. Can engage with other people unaided.	
	b. Needs prompting to be able to engage with other people.	✓
	c. Needs social support to be able to engage with other people.	
	d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	

Justification for descriptor choice

<p><i>Restrictions reported</i></p> <p>anxious, volatile</p> <p><i>Recommendation and evidence used</i></p> <p>Prompting is advised given his HoC, reported VB and medication efficacy. FH report shows difficulty with managing social situation due to mood swing all of which is consistent with his condition of EUPD</p> <p><i>Reported restrictions not supported</i></p> <p>Not applicable.</p> <p><i>Other descriptor supported</i></p> <p>9C was considered given the reported impulsiveness however, this has been discounted with evidence in the medication where he reports some efficacy of mood stabiliser, FH showing no involvement with the authorities or outbursts</p>
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Activity	Descriptor	
10. Making budgeting decisions	a. Can manage complex budgeting decisions unaided.	✓
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	
	d. Cannot make any budgeting decisions at all.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>Generally able to make ends meet but impulse buying as well</p> <p>Recommendation and evidence used</p> <p>10A is advised which is consistent with FH which appear to show that he is managing his own finance without difficulty or support. MSE shows no evidence of a cognitive difficulty or anxiety</p> <p>Reported restrictions not supported</p> <p>Although HoC report being impulsive however, medication history show some efficacy with his mood stabiliser. FH show he is managing his bills, denies any debts</p> <p>Other descriptor supported</p> <p>Not applicable.</p>

The functional restriction affecting the **daily living** activities identified in this report is likely to have been present for:

At least 3 months ☒ Not applicable (no functional restriction present) ☐

Less than 3 months ☐

The functional restriction affecting the **daily living** activities identified in this report is likely to remain for:

At least 9 months ☒ Not applicable (no functional restriction present) ☐

Less than 9 months ☐

Mobility activities

Activity	Descriptor	
11. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	✓
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	
	c. Cannot plan the route of a journey.	
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	
	f. Cannot follow the route of a familiar journey without another person, assistance dog or an orientation aid.	

Justification for descriptor choice

<p>Restrictions reported</p> <p>N/P. Additional information: has hard time leaving home due to hallucination, frequent overdose/ suicide attempts. Also has a lot of fatigue and cycling between excessive sleep/ insomnia which makes going out difficult</p> <p>Recommendation and evidence used</p> <p>FH report shows ability to plan and follow both familiar and unfamiliar journeys and does not report symptoms consistent with OPD. HoC shows that in spite of his condition and reported suicidal ideations, GP is aware, he reports protection of his cat, there is no active input from crisis team. This will suggest ability to manage this task independently</p> <p>Reported restrictions not supported</p> <p>Although additional information reports hard time leaving home due to hallucination, frequent overdose/ suicide attempts however, this is not supported by evidence within the HoC, SoH and FH all of which show that he is going out of his home up to 6 times a week unaccompanied. Despite his condition and reported suicidal ideations, GP is aware, he reports protection of his cat, there is no active input from crisis team.</p> <p>Other descriptor supported</p> <p>Not applicable.</p>
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Activity	Descriptor	
12. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided.	✓
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	
	f. Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.	

Justification for descriptor choice

Restrictions reported

1Varies, gets extreme joint pain for 1-2 days after intense activity. Gets dizzy and falls down when he gets up

Recommendation and evidence used

It is likely he will be able to mobilise more than 00 metres, either aided or unaided. This is in keeping with HoC, medication history and reported efficacy which suggests that his asthma is currently stable, there is no specialist input and he reports efficacy of medications. Furthermore, FH notes in the report that he walks at a normal pace with ability to mobilise up to 20 minutes before needing to stop.

Reported restrictions not supported

Not applicable.

Other descriptor supported

A higher DC was considered given the reported extreme joint pain, fatigue and dizziness however, this has been discounted by FH which shows he is able to walk 4 minutes at a normal pace to the bus stop and a further 5 minutes from bus stop to destination which would amount to a distance of 240- 300metres respectively. There is no report of falls, medication history does not indicate any pain relief.

The functional restriction affecting the **mobility** activities identified in this report is likely to have been present for:

At least 3 months	<input type="checkbox"/>	Not applicable (no functional restriction present)	<input checked="" type="checkbox"/>
Less than 3 months	<input type="checkbox"/>		

The functional restriction affecting the **mobility** activities identified in this report is likely to remain for:

At least 9 months	<input type="checkbox"/>	Not applicable (no functional restriction present)	<input checked="" type="checkbox"/>
Less than 9 months	<input type="checkbox"/>		

Based on the claimant's likely future circumstances, it would be appropriate to review the claim in:

Years

Months

OR

Based on the available evidence, I consider there to be no requirement to arrange a review of this claim as significant change is unlikely:

☐

Justification for review period choice

A review in 2 years will be appropriate which is in keeping with his HoC, recent move to a new areas and wait to be

It is likely that the functional restriction identified in this report will be present at the recommended point of review:

Yes ☒

Not applicable
(no functional restriction present) ☐

No ☐

Although they have not claimed under the terminal illness provisions, in my opinion they are terminally ill under the prescribed definition:

Yes ☐

No ☒

The claimant has a mental, intellectual or cognitive impairment and may need additional support to comply with future claim processes:

Yes ☒

No ☐

Consideration/writing
up time (mins)

59

I can confirm that there is no harmful information in this report.

Name

Ms [REDACTED] [REDACTED]

Type of professional

Nurse

Date

25/01/2023

Last updated by

Type of professional

Date