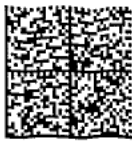


Personal Independence
Payment Award Review



How your disability affects you

Full name

National Insurance number

We know people's lives can change making it easier or harder for people with a health condition or disability to do everyday things, so Personal Independence Payment (PIP) is awarded for a set time. This means we need to check to see if anything has changed.

For example, your needs may have changed, you may have had your home adapted, your medication or treatment may have changed or you may have worked out different ways to do things.

We need to ask about any changes in how your health condition or disability affects you since we last looked at your PIP claim.

This form is the easy way to tell us about any changes and help us get your PIP award right.

Please read this form, answer all the questions, and send it back to us.
Your PIP may stop if we don't get your form back or you don't contact us by 25 May 2017.

What to do next

Step 1	Read and sign the Declaration .
Step 2	Answer all the questions on this form.
Step 3	Return this form and copies of any supporting information in the envelope provided. Make sure the address shows through the window.

Step 1 Read the statement of consent and sign the Declaration

Giving us your consent to obtain further information

We're looking again at your PIP award. We may want to contact your GP, other people or organisations for information about your health condition or disability and how it affects you.

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 a 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 0345 850 3322.

Declaration

I agree that the information I give 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.

Signature

Date

Print your name here

Step 2 Please tell us what has changed for you

Changes to how your disability affects you
Helping us check we've got your PIP award right

Your PIP may stop if we don't get your form back or you don't contact us by 25 May 2017.

Think back to when your current PIP award began.
Please answer **all** the questions.

Has it got easier or harder to do the things you need to do every day in your life? Or have things stayed the same? Tick the box that applies to you.

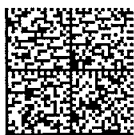
If you answer **easier** or **harder** to a question, please give us more details. Tell us:

- what has happened
- when it happened
- how things are easier or harder for you

If you answer **no change** you can move on to the next question. You don't need to give us more information.

If you need more space use a separate sheet of paper. Remember to write your name and National Insurance number on each sheet and tell us which questions your comments refer to.

1. Preparing food	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			



2. Eating and drinking	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			

3. Managing treatments or monitoring your health condition	Easier <input type="checkbox"/>	Harder <input checked="" type="checkbox"/>	No change <input type="checkbox"/>
What has happened?	From: 21/04/17 To: PRESENT		
My Medication has changed. I have been referred to Psychological therapies for people experiencing depression and anxiety.			
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			
Physical - Sleeping problems, eating problems/changes			
Forgetful - needs to be reminded about meals, appointments, and paying utility bills - priority bills.			

3a. About your treatments, therapy or operations

Tell us about any private or NHS funded treatments or therapy you've had, you're currently having or that are planned for the future, for example:

- name of treatment, therapy or operation
- when you had or are having the treatment, therapy or operation
- how often you have the treatment or therapy

Currently has been referred to Psychological therapies for people experiencing depression and anxiety.

3b. About your medication

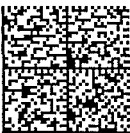
Tell us about your current medication, including:

- medication name
- how often you take it and how much you take
- any side effects from the medication
- when you started taking the medication

(10mg TABS)
CITALOPRAM - ONE TO BE TAKEN EACH DAY - TAKEN from 21/04/17 to present

(10mg tabs)
AMITRIPTYLINE - TWO TO BE TAKEN AT NIGHT - TAKEN from 2015 - to current

(50mg CAPS)
TRAMADOL - ONE or TWO EVERY FOUR HOURS - TAKEN from 2015 - to current - Side Effects - Drowsy - nausea



4. Washing and bathing	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			

5. Managing toilet needs or incontinence	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			

6. Dressing and undressing	Easier	Harder	No change
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
What has happened?	From: To:		
How has this made things easier or harder in your life?			
Tell us if your needs change from day to day or throughout the day.			

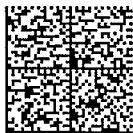
7. Speaking to people, hearing and understanding what they say and being understood by others	Easier	Harder	No change
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
What has happened?	From: To:		
How has this made things easier or harder in your life?			
Tell us if your needs change from day to day or throughout the day.			

8. Reading and understanding signs, symbols and written words	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			

9. Mixing with other people	Easier <input type="checkbox"/>	Harder <input checked="" type="checkbox"/>	No change <input type="checkbox"/>
What has happened?	From: 2016 To: Current		
Become Unsociable.			
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			
Interacting in the Community with others, Making Personal calls to professionals.			

10. Making decisions about money	Easier <input type="checkbox"/>	Harder <input checked="" type="checkbox"/>	No change <input type="checkbox"/>
What has happened?	From: To:		
Change in financial Circumstances			
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			
Employment Support Allowance was Stopped.			
Confused with finances and budgeting, for food bills.			

11. Planning and following a journey	Easier <input checked="" type="checkbox"/>	Harder <input type="checkbox"/>	No change <input type="checkbox"/>
What has happened?	From: 2016 To: Current		
When aided with Support in a Vehicle.			
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day..			
I have a easier way to Commute with the			
Support of Someone, Assisting me in their vehicle.			

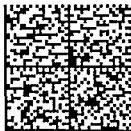


12. Moving around	Easier <input type="checkbox"/>	Harder <input type="checkbox"/>	No change <input checked="" type="checkbox"/>
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day.			

12a. Tell us how far your can 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.			
Please tick which box best describes how far you can walk.			
Less than 20 metres	<input checked="" type="checkbox"/>	Between 20 and 50 metres	<input checked="" type="checkbox"/> T. Gernot
200 metres or more	<input type="checkbox"/>	It varies	<input checked="" type="checkbox"/> T. Gernot
			Between 50 and 200 metres <input type="checkbox"/>

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.



Step 3 Supporting information

If you have information that will help us understand how your disability affects your daily activities (daily living or mobility), please send a copy (not originals) to us when you return this form. We will not be able to send these back to you.

Sending us copies of any supporting information you have, may mean you don't need to attend a face-to-face consultation with a health professional.



Information we want to see:

- prescription lists
- care plans
- reports or information from people like your doctors, nurses, social workers or counsellors



Information we don't want to see:

- appointment letters
- information you've sent us before
- anything more than 2 years old

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, visit our website

www.gov.uk/dwp/personal-information-charter or contact any of our offices.

Award Review - How your disability affects you (PIP)



Freepost RTEU-HGTR-JXZX
Personal Independence Payment 2
Mail Handling Site A
Wolverhampton
WV98 1AB

Please return the completed form to this address.

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp unless you live outside the United Kingdom.

If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: **www.gov.uk/pip**