

Tell us how your health condition or disability affects you (PIP 2)

First Name

Karthik

Last Name

Menon

National Insurance number

RN 00 00 01 A

Date of birth

01 January 1990

Tell us about your health

What health condition or disability do you have?

Name of condition or disability

HCP condition 1

Approximate start date

1 month ago

About this condition or disability

This is the first condition

What health condition or disability do you have?

Name of condition or disability

Health condition 1

Approximate start date

1 month ago

About this condition or disability

This is second condition

What health condition or disability do you have?**Name of condition or disability**

Condition 3

Approximate start date

4 months ago

About this condition or disability

Condition 3

Do you have another condition or disability?

No

Are there any health or care professionals that you would like to tell us about?

Yes

Health or care professional details**Their name**

Health care professional 1

Profession

Profession1

Phone number, including dialling code

07700777799

Building and street

asdasd

asdasd

Town or city

asdasd

Postcode

B161AA

When did you last speak to them?

12 months ago

Health or care professional details**Their name**

Health care professional 2

Profession

Profession 2

Phone number, including dialling code

07700777788

Building and street

Building 2

Street 2

Town or city

Town2

Postcode

B161AA

When did you last speak to them?

1 month ago

Health or care professional details

Their name

HCP 3

Profession

Profession 3

Phone number, including dialling code

07700777799

Building and street

Building 3

Street 3

Town or city

Town 3

Postcode

B161AA

When did you last speak to them?

14 months

Are there any other health or care professionals that you would like to tell us about?

No

Tell us about your daily living activities

Does your condition affect you preparing food, or prevent you from doing so?

No

Does your condition affect you eating and drinking?

No

Does your condition affect you managing your treatments?

No

Does your condition affect you washing and bathing?

No

Does your condition affect you using the toilet or managing incontinence?

No

Does your condition affect you dressing or undressing?

No

Does your condition affect you talking, listening and understanding?

No

Does your condition affect your ability to read?

No

Does your condition affect you mixing with other people?

No

Does your condition affect you managing your money?

No

Tell us about your mobility activities

Does your condition affect you planning and following journeys?

No

Does your condition affect you moving around?

Yes

How far can you walk using any aids or appliances you need?

It varies

Why does the distance you can walk vary?

Walking distance can vary

Tell us more about difficulties you have moving around and how you manage them

Walking distance

Tell us about anything else

Is there anything else you would like to tell us about?

No

Declaration:

Agreed

End of questionnaire

Submitted: 03 June 2025