

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

Title

MR

First Name

claimant_"first_name

Last Name

claimant_last_name&

National Insurance number

RN 00 00 64 C

Date of birth

08-08-1970

Tell us about your health

What health condition or disability do you have?

Name of your first condition or disability:

Kidney Failure

Approximate start date:

1999-8-08

About this condition or disability:

description of the condition<

Do you have another condition or disability?

Yes

What health condition or disability do you have?

Name of condition or disability:

Diabetes

Approximate start date:

1988-8-08

About this condition or disability:

description of the diabetes>

Do you have another condition or disability?

Yes

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

Yes

Health professional details

Name

Doctor Who

Profession:

GP

Phone number including dialling code:

07777

Their address

NQC2JhPWurvWRP1ZL7Goz2LKBFdUfFjeP3o
NQC2JhPWurvWRP1ZL7Goz2LKBFdUfFjeP3o
NQC2JhPWurvWRP1ZL7Goz2LKBFdUfFjeP3o
NQC2JhPWurvWRP1ZL7Goz2LKBFdUfFjeP3o
QvBQYuxiXXVytGCxzVllpgTJKhRQq
England
AB1 1AB

When did you last speak to them?

10-2021

Are there any other health 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 ever prevent you from doing so?

Yes

Tell us about the difficulties you have with preparing food and how you manage them

reason not be "able to preparing food

Does your condition affect you eating and drinking?

Yes

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

No

Tell us about the difficulties you have with eating and drinking and how you manage them

reason not be 'able to drink and eat unassisted

Does your condition affect you managing your treatments?

Yes

Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them

reason not be &able to apply treatment

Tell us about any therapies you take at home that need the help of another person

therapy taken at home that need the help of another person

Does your condition affect you washing and bathing?

Yes

Tell us about the difficulties you have with washing and bathing and how you manage them

reason not be< able to washing

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

Yes

Tell us about the difficulties you have with going to the toilet and how you manage them

reason not be able> to go to toilet unassisted

Does your condition affect you dressing or undressing?

Yes

Tell us about the difficulties you have with dressing and undressing and how you manage them

reason not be able< to dressing unassisted

Does your condition affect you talking, listening and understanding?

Yes

Tell us about the difficulties you have with talking, listening and understanding and how you manage them

reason not be" able to communicate

Does your condition affect your ability to read?

Yes

Tell us about the difficulties you have with reading words or symbols and how you manage them

reason not be able to read

Does your condition affect you mixing with other people?

Yes

Tell us about the difficulties you have with mixing with other people and how you manage them

reason not be able to social mixture withe others

Does you condition affect you managing money?

Yes

Tell us about the difficulties you have with managing your money and how you manage them

reason not be able to manage own finance

Tell us about your mobility activities

Does your condition affect you planning and following journeys?

Yes

Tell us more about the difficulties you have with planning and following journeys and how you manage them

reason not be able to plan or navigate

Does your condition affect you moving around?

Yes

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

Between 50 and up to 200 metres

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

reason not be able to move

Tell us about anything else

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

Yes

Additional information:

additional information to support claim

Declaration:

Agreed

End of questionnaire

Submitted: 04-04-2023