

Personal Independence Payment

Provider
name / logo

Consultation report form – PA4 V3

Surname

Other names

PIP Reference Number

Date of consultation

Place of consultation

Time consultation started

Name of professional
carrying out consultation

Type of professional

List all evidence considered alongside the consultation findings

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

Relationship to claimant

History

History of conditions

--

Current medication and treatment

--

Social and occupational history

--

Functional history, including variability, daily living activities and mobility activities

Variability

Preparing food

Taking Nutrition

Managing therapy or monitoring a health condition

Washing and bathing

Managing toilet needs or incontinence

Dressing and undressing

Functional history continued

Communicating verbally

Reading and understanding signs, symbols and words

Engaging with others face to face

Making budgeting decisions

Planning and following journeys

Moving around

Other relevant functional history

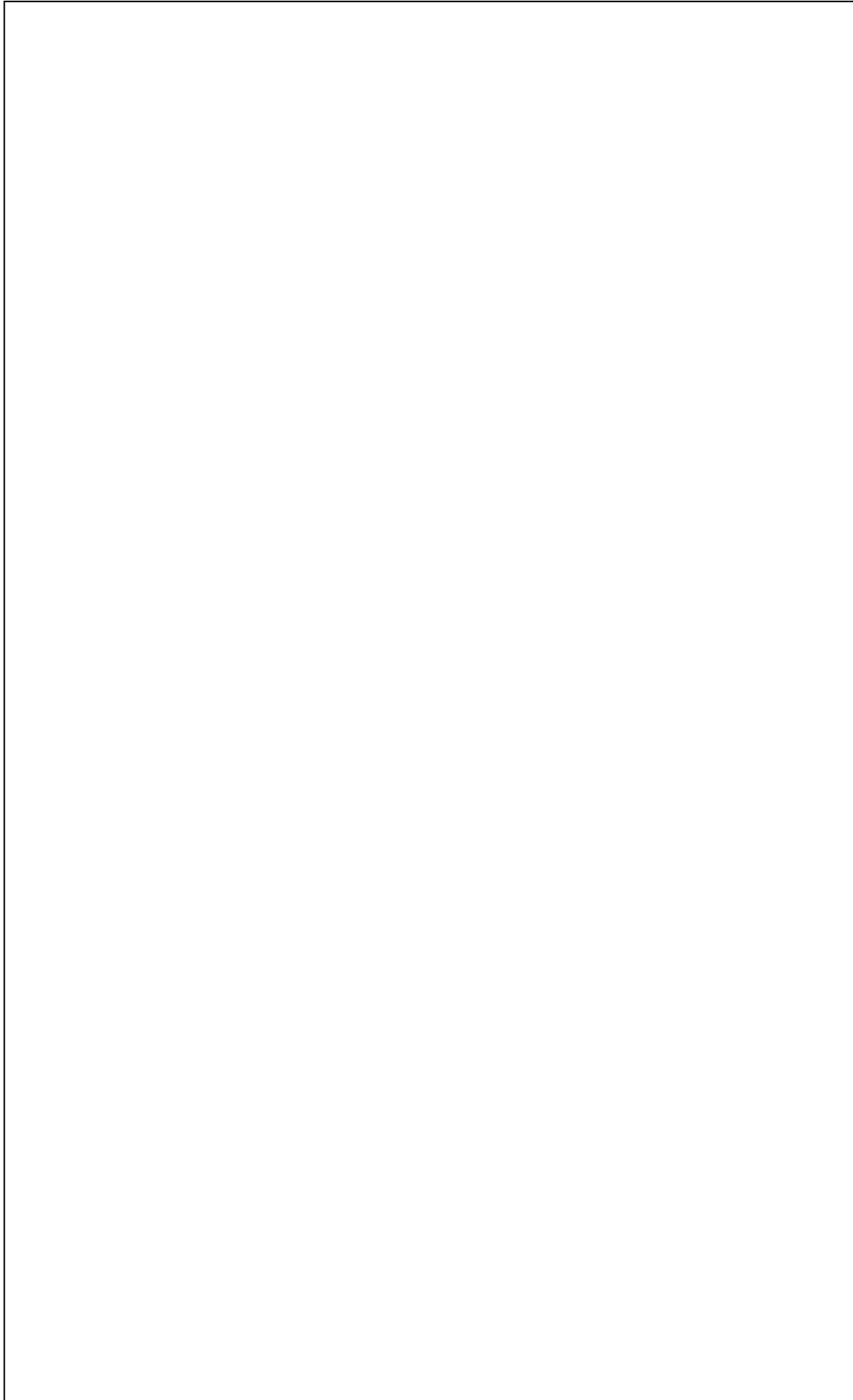
Observations

General Appearance and Informal Observations

Consent to carry out any necessary examination has been obtained from the claimant

Mental state

Musculoskeletal system and/or Central Nervous System

A large, empty rectangular box with a thin black border, occupying the majority of the page. It is intended for a drawing or detailed notes related to the musculoskeletal or central nervous system.

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

Time consultation ended

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

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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 either – (i) to use an aid or appliance to be able to manage medication; or (ii) supervision, prompting or assistance to be able to manage medication or 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 week.	

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.

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If not ticked, reason given below:

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 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

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.

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If not ticked, reason given below:

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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

At least 3 months ☐

Less than 3 months ☐

Not applicable ☐
(no functional restriction present)

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

At least 9 months ☐

Less than 9 months ☐

Not applicable ☐
(no functional restriction present)

Health professional's opinion - 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, an assistance dog or an orientation aid.	

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.

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If not ticked, reason given below:

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

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.

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If not ticked, reason given below:

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

At least 9 months ☐

Not applicable ☐
(no functional restriction present)

Less than 9 months ☐

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

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

☐

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

Yes

☐

No

☐

Continuation box

[Continued from...]

Consideration / writing
up time

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

Name

Type of professional

Date

Last updated by

Type of professional

Date

For office use only