

	<p>Our address: Atos Healthcare c/o DWP PIP(1) Warbreck House Blackpool FY2 0UZ</p> <p>Telephone: 0118 914 9400</p> <p>Our ref:</p> <p>Date:</p>
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PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:
SCR NO:

Atos Healthcare is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

Under a longstanding agreement, NHS trusts are required to provide medical reports without charge. When completing your report, please provide information on the following key areas:

You should base your report on your knowledge of the patient and on his/her records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care – “rose unaided from a chair in surgery, no bending difficulty noted”; getting around – “walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check.”

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD – exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance – prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** – investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions** – **recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** – documented history of self-harm, self-neglect, detailed mental state findings, history of admissions – voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** – visual and auditory acuity.

Your GP Hospital Factual Report

Patient's SCR No

Date when patient last seen by a health professional

Where and by whom

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
- Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
- It may be helpful to your patient to enclose any relevant correspondence contained in their file – for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient – for example, the patient's family.
- Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
- Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

2. History of condition(s). Include details of any relevant special investigations

3. Symptoms and variability

SCR NO:

GP Factual Report Invoice

To: Atos Healthcare
c/o DWP PIP(1)
Warbreck House
Blackpool
FY2 0UZ

Invoice for GPFR relating to:-

DWP ref:
Patient's name:
Date of birth:
GP/surgery invoice ref:

Payee details

Name:

Payee name to be the same as the account holder

Address:

Postcode:

VAT status

VAT registered: VAT no.

Not VAT registered: Total amount: £ 33.50

Net amount: £ 33.50
VAT (20%): £ 6.70
Total amount: £ 40.20

Payment method

Cheque

Bank transfer (please enter sort code and account no.)

Sort code:

Account no:

I hereby claim the appropriate fee for completing the above GP factual report

Print name:

Tel no:

Signature:

Taxpoint date:

Authorisation (ATOS USE ONLY)

WBS:

GL code: 604102

Print name:

Signature:

Date: