

	Our address: Atos Healthcare c/o DWP PIP(1) Warbreck House Blackpool FY2 0UZ
	Telephone: 0118 914 9400
	Our ref:
	Date:
PERSONAL INDEPENDENCE PA	AYMENT
Request for Further Medical Evide	nce
Dear Doctor,	
I am writing to you about a patient who has made a clair SCR NO:	m for Personal Independence Payment:
Atos Healthcare is contracted to carry out assessments Department for Work and Pensions. It would be very he claim if you could complete the enclosed factual report for to handle their affairs due to the claimant's mental in consent for us to request this information from you.	elpful in assessing your patient's benefit orm. Your patient (or a person appointed ncapacity to do so) has given their
Under a longstanding agreement, NHS trusts are require charge. When completing your report, please provide in	•
You should base your report on your knowledge of the p	patient and on his/her records. A special

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 Apt 1998. The inatients does not peed to read it before it is your patients.

Registered Office: 4 Triton Square, Regents Place, London, NW1 3HG – VAT NO. GB 232327983
Atos IT Services UK Limited – Registered Number 1245534 – England and Wales

Providing assessment services on Pensions



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.



UKI-PIP-HP-2003



Your GP Hospital Factor	ual Report
Patient's SCR No	
Date when patient last	seen by a health professional / /
Where and by whom	
 Please write down facts rainformation about sympton effects that you or another. It may be helpful to your pexample, recent consultar third party information is resomeone other than the period helpful. Relevant information is an functional ability. Disabling conditions Please list conditions or impart 	(s). Include details of any relevant special investigations
,	

SCR NO:

his is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Include the frequency and duration of exacerbations. It is also specify if the condition is well controlled.			
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). Please specify frequency of treatment and, for medication, dose as relevant.
6. Effects of the di	sabling condition(s) on day to day life
If known, it would be	sabling condition(s) on day to day life
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If known, it would be helpful to have information on the	sabling condition(s) on day to day life
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If known, it would be helpful to have information on the patient's ability to:	sabling condition(s) on day to day life
If known, it would be helpful to have information on the	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food • Wash, bathe and	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food • Wash, bathe and use the toilet/	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food • Wash, bathe and use the toilet/manage	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food • Wash, bathe and use the toilet/manage incontinence	sabling condition(s) on day to day life
If known, it would be helpful to have information on the patient's ability to: • Manage their health conditions and treatment • Communicate • Walk or move around • Get somewhere on their own • Make simple decisions • Prepare, cook and eat food • Wash, bathe and use the toilet/manage incontinence • Dress and undress	sabling condition(s) on day to day life
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not known.

7. Does the patient	nave a mstory	or threatening or vic	Dient benaviour?
No	Yes	Don't know	If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9
8. Could your patie	nt travel to an	assessment centre l	by public transport or taxi?
Yes	No	Don't know	If no, please tell us why. Use the space below at Part 9
	was insufficient spa		boxes OR to add important relevant factual of use the section to provide an opinion.
representative and any	y authority decidionally information that	ng an appeal in relation	eleased to my patient, their legal to their entitlement to benefit. I also dical evidence that would be harmful
Your signature			Stamp
Name in capitals			
Date	/	/	

GF	P 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 sa	ame as the account holder	
Address:		
Postcode:		
VAT status		
VAT registered: VAT no.	Net amount: £ 33.50 VAT (20%): £ 6.70 Total amount: £ 40.20	
Not VAT registered: Total	amount: £ 33.50	
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 ONL	Y) WBS: GL code: 60)4102
Print name:		
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