



# Personal Independence Payment Review form

## We have many ways we can communicate with you

If you would like braille, British Sign Language, email, a hearing loop, translations, large print, audio or something else please call us on **0800 121 4433** or textphone **0800 121 4493** and tell us which you need.

If you live in Wales and want this form in Welsh call **0800 121 4433**.

Calls to 0800 numbers are free from landlines and mobiles.

## Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality Act' on [www.gov.uk](http://www.gov.uk)



**Your Personal Independence Payment (PIP) may stop if we do not get this form and your supporting information back or you do not contact us by:**

DD/MM/YYYY

Personal Independence Payment (PIP) is about how your health condition or disability affects you.

When we last looked at your claim, we looked at all the information available to us to decide how you manage the 12 activities and the help you needed to do them.

We gave you points for each activity to work out the amount of PIP to award you.

This form will help us to review if you are getting the right amount of PIP based on how your health condition or disability affects you now.

## About you

If you are filling in this form for someone else, tell us about **them**, not you.

<b>01</b>	<b>First name</b>	<input type="text"/>
<b>02</b>	<b>Last name</b>	<input type="text"/>
<b>03</b>	<b>National Insurance (NI) number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>04</b>	<b>Please tell us the best phone number to contact you on</b>	<input type="text"/>
	What is the best time to contact you?	<input type="text"/>
	Please let us know if you change your contact number.	
<b>05</b>	<b>Is someone helping you fill in this form?</b>	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Their name, in full	<input type="text"/>
	How do you know this person?	<input type="text"/>
<b>06</b>	<b>Do you need us to communicate with you in another format?</b>	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Please specify	<input type="text"/>

## Section 1: Read and sign the declaration

You must sign this declaration in black ink and return your completed form by the date on the front of this form. If you do not return this form in time we may stop your Personal Independence Payment.

If you are acting on behalf of the customer, please sign the form on their behalf.

### Declaration

By signing this declaration, you agree that:

- the information you give us is correct and complete
- you will tell us about changes of circumstances straight away.

If the information you give us is wrong or incomplete, or you do not report changes straight away:

- we may stop or reduce your Personal Independence Payment
- you may be paid too much Personal Independence Payment and have to pay this back
- you may have to pay a financial penalty
- we may prosecute you.

<b>Signature</b>
<input type="text"/>
<b>Date</b>
DD/MM/YYYY
<input type="text"/>

## Section 2: About the people that support you and your health condition or disability

Please tell us about the healthcare professional who can best tell us about your health condition or disability and how it affects you. For example:

- GP
- hospital doctor
- consultant, or
- specialist nurse.

<b>07</b>	<b>What is their job?</b>
<input type="text"/>	
<b>What is their name?</b>	
<input type="text"/>	
<b>Address</b>	
For example, the health centre, surgery or hospital where they work.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
<b>Phone number</b>	
Include the dialling code.	
<input type="text"/>	
<b>Email address</b>	
If known.	
<input type="text"/>	
<b>When did you last see them?</b>	
DD/MM/YYYY	
<input type="text"/>	

## Further health or social care professionals or anyone else that supports you

Please tell us if there is another health or social care professional or someone else we can contact who can tell us about your health condition or disability. For example:

- community psychiatric nurse
- occupational therapist
- physiotherapist
- support worker
- social worker
- counsellor
- carer
- family member, or
- friend.

<b>08</b>	<b>Is there someone else we can contact to tell us about your health condition or disability?</b>
<input type="checkbox"/>	No <b><u>Go to Section 3</u></b>
<input type="checkbox"/>	Yes
We may use these contact details to ask about your health condition or disability if necessary.	
<b>09</b>	<b>What is their name?</b>
<input type="text"/>	
<b>How do you know them?</b>	
<input type="text"/>	
<b>Address</b>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
<b>Phone number</b>	
Include the dialling code.	
<input type="text"/>	

**When did you last see them?**

DD/MM/YYYY

If you need to tell us about anyone else who supports you **go to question 10** otherwise, **go to Section 3.**

**10 What is their name?**

**How do you know them?**

**Address**

  
  

Postcode

**Phone number**

Include the dialling code.

**When did you last see them?**

DD/MM/YYYY

If you need to tell us about anyone else who supports you **go to question 11.** Otherwise, **go to Section 3.**

**11 What is their name?**

**How do you know them?**

**Address**

  
  

Postcode

**Phone number**

Include the dialling code.

**When did you last see them?**

DD/MM/YYYY

If you need to tell us about anyone else who supports you, use a separate sheet of paper. Remember to add your name and National Insurance number. Otherwise, **go to Section 3.**

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## Section 3: Sharing information about your health condition

The Department for Work and Pensions (DWP) or approved healthcare professionals that work for DWP, might need more information about your health condition and how it affects you. They might ask for relevant information from your doctor, or any other relevant professional you tell them about.

**12 Do you give consent for your doctor or other relevant professionals to give DWP more information about your health condition or disability?**

- Yes, information about my health condition or disability can be shared with DWP or the healthcare professionals that work for them.
- No, information about my health condition or disability cannot be shared with DWP or the healthcare professionals that work for them.

### How DWP uses this information

DWP uses this information to:

- process your claim
- make a decision on your claim, or any mandatory reconsideration or appeal you make.

### The law allows DWP to get, keep and use this information.

Your doctor (or other relevant professionals you tell DWP about) needs your consent to give information to DWP. If you give your consent, this lets them know that they are legally allowed to share this information with DWP.

DWP can lawfully ask your doctor, hospital consultant or other relevant professionals for information about your health condition and how it affects you. This is because we are asking for the information to help us carry out our official social security functions. You do not have to give your consent. If you do not, DWP will make a decision based on the information they have already, as well as any you give them yourself.

### If you change your mind

You can change your mind. You can do this by contacting **0800 121 4433** and say you want to give or withdraw your consent. If you withdraw your consent, DWP cannot get information from your doctor or others named on your form.

**I have read and understood how DWP uses information**

Your signature

Date

DD/MM/YYYY

/ /

## Section 4: About your health condition or disability

### 13 Tell us the name of each health condition or disability and when each one started

If you cannot be sure of the date, please put an approximate date you think it started.

Health condition or disability Example: Arthritis	Approximate start date Example: March 2017

If you need more space, please continue on a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which question your comment relates to.

## About your medication

### 14 Are you prescribed any medications?

No **Go to question 21**

Yes

If you have a copy of your current prescription, please send this to us as part of your supporting information. Do not send us fact sheets, leaflets or photos of your medication.

### Example

#### Name of medication

Aspirin

#### Dosage

500mg

#### Frequency

Once a day

#### How does this affect you?

Dizziness

### Medication 1

15 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are prescribed any other medications **go to question 16** otherwise, **go to question 21**.

### Medication 2

16 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are prescribed any other medications **go to question 17**. Otherwise, **go to question 21**.

### Medication 3

17 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are prescribed any other medications **go to question 18**. Otherwise, **go to question 21**.

### Medication 4

18 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are prescribed any other medications **go to question 19**. Otherwise, **go to question 21**.

### Medication 5

19 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are prescribed any other medications **go to question 20**.  
Otherwise, **go to question 21**.

### Medication 6

20 Name of medication

Dosage

Frequency

How does this affect you?

  

Do you take them as prescribed?

No

Yes

If you are taking more medication please tell us about these on a separate sheet of paper. Remember to add your name and National Insurance number.

21 Tell us about any treatment, therapy or surgery since we last looked at your award

Name of treatment, therapy or surgery Example: Physiotherapy, Counselling	When did you have it or when will it start? Please give approximate dates if not known Example: April 2021	How often did or will you have it? Example: Once a week until July 2022

You can tell us more about how you manage any treatments in **Section 5, Activity 3**.



**22 Tell us about any overnight hospital or care home admissions that you have not told us about since our last decision**

<b>Reason for admission</b> Example: Hip replacement surgery	<b>Name of the hospital or care home</b> Example: St Mary's Hospital	<b>Dates of stay</b> Please give approximate dates if not known Example: 10th May 2019 - 31st May 2019

**23 Do you have a care plan or treatment plan?**

- No
- Yes

If you have copies of your hospital discharge papers, care plans or treatment plans for example, send these to us as part of your supporting information.

If you need more space for **questions 21 and 22**, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

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## Section 5: How your health condition or disability affects you

This section asks you to tell us about how you carry out 12 daily living or mobility activities.

If the effects of your health condition or disability can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

When completing each activity if you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

### Daily living activities

Activity 1 - Preparing food and cooking

Activity 2 - Eating and drinking

Activity 3 - Managing treatments, taking medication and monitoring your health condition or disability

Activity 4 - Washing and bathing

Activity 5 - Using the toilet and managing incontinence

Activity 6 - Dressing and undressing

Activity 7 - Speaking to people, hearing and understanding what they say and being understood

Activity 8 - Reading and understanding signs, symbols and written words

Activity 9 - Mixing with other people

Activity 10 - Making decisions about spending and managing your money

### Mobility activities

Activity 11 - Planning and following a route to another place

Activity 12 - Moving around

## Activity 1 - Preparing food and cooking

This activity looks at how your health condition or disability affects how you prepare and cook a simple meal for one. If you choose not to cook or only use ready meals, please tell us how you would manage if you did cook.

### We can consider things like:

- peeling and chopping food
- opening packaging
- safely cooking, using a microwave or hob to cook or heat food.

### We do not consider things like:

- carrying items
- cooking skills and cooking for others
- food choices
- bending to use the oven.

**24** Can you manage this activity without any aids or help?

No

Yes **Go to Activity 2**

**25** Do you need to use an aid?

For example, perching stool, grabbers or adapted cutlery.

No

Yes

What aids do you use and how often?


**26** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**27** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**28** Please tell us why and when these needs began


## Activity 2 - Eating and drinking

This activity looks at how your health condition or disability affects you taking nutrition, this means eating and drinking.

### We can consider things like:

- cutting food into pieces
- putting food to your mouth
- chewing and swallowing food
- if you use a therapeutic source to take nutrition for example tube feeding
- remembering when to eat.

### We do not consider things like:

- ability to cut and chew tough foods for example steak
- quality of food
- diet choices
- moving food from the kitchen.

**29** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 3**

**30** Do you need an aid?

For example, adapted cutlery or cups, easy to grip kitchen equipment.

No

Yes

What aids do you use and how often?


**31** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**32** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**33** Please tell us why and when these needs began


### Activity 3 - Managing treatments, taking medication and monitoring your health condition or disability

This activity looks at how you manage any treatments carried out at home, taking your medication and monitoring changes in your health condition or disability. We will also consider the help you need with the timing, and the type of food and drink intake. Without these your medical condition would get worse straight away.

#### We can consider things like:

- taking medication as prescribed
- opening medication packages
- therapy in the home
- monitoring pain levels
- monitoring blood sugar levels
- prescribed or recommended diet.

#### We do not consider things like:

- therapy out of the home
- collecting medication.

**34 Can you manage this activity safely and without any difficulty?**

No  
 Yes **Go to Activity 4**

**35 Do you need an aid?**  
For example, dosette boxes or alarms.

No  
 Yes

What aids do you use and how often?


**36 Do you need prompting?**  
For example, reminding, encouraging or explaining by another person.

No  
 Yes

What do they do for you and how often?


**37 Do you need help from another person?**

No  
 Yes

What help do you need and how often do you need it?


**38 Please tell us why and when these needs began**


## Activity 4 – Washing and bathing

This activity looks at how your health condition or disability affects how you wash and bathe. If you do not have a bath at home still tell us how you would use one, for example, getting in and out of a bath.

### We can consider things like:

- washing your body, limbs, face, underarms and hair
- using a standard bath or shower
- if you are unable to hear a standard fire alarm without hearing aids.

### We do not consider things like:

- shaving
- cleaning teeth
- cutting toenails.

#### 39 Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 5**

#### 40 Do you need an aid?

For example, long handled sponge, shower seats, rails or visual alarm.

No

Yes

What aids do you use and how often?


#### 41 Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


#### 42 Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


#### 43 Please tell us why and when these needs began


## Activity 5 – Managing toilet needs and incontinence

This activity looks at how your health condition or disability affects how you manage to clean yourself and getting on and off the toilet.

### We can consider things like:

- getting on and off a standard toilet including using furniture to help
- stoma/catheters or similar
- incontinence.

### We do not consider things like:

- getting to the toilet
- stairs
- getting dressed after toilet use.

**44** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 6**

**45** Do you need an aid?

For example, a commode, raised toilet seats, incontinence pads or stoma bag.

No

Yes

What aids do you use and how often?


**46** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**47** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**48** Please tell us why and when these needs began


## Activity 6 – Dressing and undressing

This activity looks at how your health condition or disability affects how you manage to put on and take off clothing.

### We can consider things like:

- dressing both upper and lower body
- selecting appropriate clothes to wear each day.

**49** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 7**

**50** Do you need an aid?

For example, button hooks or sock aids.

No

Yes

What aids do you use and how often?


**51** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**52** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**53** Please tell us why and when these needs began




## Activity 7 – Speaking to people, hearing and understanding what they say and being understood

This activity looks at how your health condition or disability affects how you manage hearing and speaking.

### We can consider things like:

- prescribed hearing aids
- sign language.

### We do not consider things like:

- understanding a language other than your native language.

**54** Can you manage this activity safely and without any difficulty?

No  
 Yes **Go to Activity 8**

**55** Do you need an aid?  
For example, hearing aid or electrolarynx.

No  
 Yes

What aids do you use and how often?


**56** Do you need supporting?  
For example, reminding, encouraging or explaining by another person.

No  
 Yes

What do they do for you and how often?


**57** Do you need help from another person?

No  
 Yes

What help do you need and how often do you need it?


**58** Please tell us why and when these needs began


## Activity 8 – Reading and understanding signs, symbols and written words

This activity looks at how your health condition or disability affects how you manage to read and understand either written or printed information in your native language.

### We can consider things like:

- reading and understanding an appointment letter or text message.

### We do not consider things like:

- understanding a language other than your native language.

**59** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 9**

**60** Do you need an aid?

For example, vision aids.

No

Yes

What aids do you use and how often?


**61** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**62** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**63** Please tell us why and when these needs began


## Activity 9 – Mixing with other people

This activity looks at how your health condition or disability affects how you manage to engage with other people, face-to-face during everyday activities. For example, shop assistants, bus drivers, doctors, friends and family.

### We can consider things like:

- avoiding face-to-face contact
- understanding body language
- establishing relationships.

### We do not consider things like:

- preferring not to mix.

**64** Can you manage this activity safely and without help?

No

Yes **Go to Activity 10**

**65** Do you need help from another person?

For example, reminding, encouraging or explaining by another person or someone to help keep you calm. Tell us even if you do not get the help you need.

No

Yes

What do they do for you and how often? Do they need to be with you or do they help you at some other time?


**66** Tell us who helps you

For example particular family members, friends or a health professional.


**67** What would you do if these people were not there to help you?


**68** Do you have any support such as therapy or counselling that helps you mix with people face to face?

Tell us what support you have, when it started, if it has ended and how it has helped you. Also tell us if you are on a waiting list for any support and when were you put on the list.


## Activity 10 – Making decisions about spending and managing your money

This activity looks at how your health condition or disability affects how you manage everyday purchases and transactions such as paying in shops and restaurants, budgeting for and paying your bills.

### We can consider things like:

- managing your own bank account
- making a purchase
- setting up direct debits.

### We do not consider things like:

- lack of income.

**69** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Activity 11**

**70** Do you need prompting?

For example, reminding, encouraging or explaining by another person.

No

Yes

What do they do for you and how often?


**71** Do you need help from another person?

No

Yes

What help do you need and how often do you need it?


**72** Please tell us why and when these needs began


# Activity 11 – Planning and following a route to another place

This activity looks at how your health condition or disability affects how you manage to plan a route, leave your house and follow the intended route.

## We can consider things like:

- leaving your home
- completing a journey
- if you drive a car
- the last time you went out of your home
- using public transport.

## We do not consider things like:

- physical restrictions to walking
- availability of public transport
- being near a toilet
- getting in and out of a car.

**73** Can you manage this activity safely and without any difficulty?

No  
 Yes    **Go to Activity 12**

**74** Do you need prompting?  
For example, reminding, encouraging or explaining by another person.

No  
 Yes

What do they do for you and how often?


**75** Do you need help from another person?

No  
 Yes

What help do you need and how often do you need it?


**76** Please tell us why and when these needs began


## Activity 12 - Moving around

This activity looks at how your health condition or disability affects how you manage to move around physically without severe discomfort.

### We can consider things like:

- lower limb physical restrictions
- standing and walking safely.

### We do not consider things like:

- weather conditions
- slopes or uneven surfaces.

**77** Can you manage this activity safely and without any difficulty?

No

Yes **Go to Section 6**

**78** How far can you walk on a regular and repeated basis?

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end.

Less than 20 metres

This is the length of 2 buses.

Between 20 and 50 metres

This is the length of 2 to 5 buses.

Between 50 and 200 metres

This is the length of 5 to 20 buses.

200 metres or more

This is more than 20 buses.

**79** Do you need to pause or stop when walking?

No

Yes

How long for?

**80** Do you need to use a prescribed aid to help you walk?

For example, walking sticks, crutches and prostheses.

No **Go to question 81**

Sometimes

Always

What prescribed aid(s) do you use?


How many days a week do you need to use an aid?

**81** Do you need assistance from another person to help you walk?

No

Sometimes

Always

**82** Please tell us why and when these needs began




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## Checklist

**To make sure we have all the information we need to process this form, please check:**

- You have read and signed the declaration in Section 1
- The 7 sections - have you filled in all the questions that apply?
- The 12 activities - have you filled in all the questions that apply?
- If you are including supporting information with the form make sure you send copies not originals, and your name and National Insurance number is on each copy
- If you have used additional sheets make sure you have added your name and National Insurance number to each sheet

**85 Are you sending any supporting information at a later date?**

- No
- Yes

If **Yes**, make sure you send copies not originals and include your name and National Insurance number.



Do not delay sending your form back. If you are waiting for information, send us what you have. You can send the rest of your supporting information later.

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## Returning the completed form

Return the review form and your supporting information to us. Use the return address on the back page of the review form and the envelope provided. Make sure the address shows through the envelope window.

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## What happens next

We may call you if we have got any questions about the information you give us on this form. It may be a withheld phone number that calls you.

We will contact you if we need you to have an assessment with a health professional.

We will write to you when we have made our decision on your award.

You do not need to contact us unless your circumstances change.

For further information, go to [www.gov.uk/pip/when-your-pip-claim-is-reviewed](http://www.gov.uk/pip/when-your-pip-claim-is-reviewed)

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## How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy, and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, go to [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)



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