



PIP Review

Pink is me talking to you

Blue is the sections on the form

If you complete these sections:

About You

About the people who support you

Health Conditions

Medication

Treatment

Hospital Admissions

We will do these bits together, so if you are happy you can simply copy this onto your form:



1. Preparing Food

Can you manage this activity without aids or help?

Tick box: Y/N

If yes, go to activity 2

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N



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

Please tell us why and when these needs began:

2. Eating & Drinking

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 3

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?



Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:

3. Managing Treatments

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 4



Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:



4. Washing and Bathing

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 5

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N



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

Please tell us why and when these needs began:

5. Toilet

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 6

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?



Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:

6. Dressing/Undressing

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 7



Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:



7. Speaking to People

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 8

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?

Do you need support?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N



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

Please tell us why and when these needs began:

8. Reading

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 9

Do you need to use an aid?

Tick box: Y/N

What aids do you use and how often?



Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:

9. Mixing With Other People

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 10



Do you need help from another person?

Tick box: Y/N

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?

Tell us who helps you

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

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 you were put on the list.



10. Making Decisions

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 11

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:



11. Planning and Following a Journey

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Activity 12

Do you need prompting?

Tick box: Y/N

What do they do for you and how often?

Do you need help from another person?

Tick box: Y/N

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

Please tell us why and when these needs began:



12. Mobility

Can you manage this activity safely and without any difficulty?

Tick box: Y/N

If yes, go to Section 6

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

Tick box:

- **Less than 20m (2 buses)**
- **Between 20m and 50m (2-5 buses)**
- **Between 50m and 200m (5-20 buses)**
- **200m or more (more than 20 buses)**

Do you need to pause or stop when walking?

Tick box: Y/N

If yes, how long for?



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

Tick box: No, sometimes, always

What prescribed aid(s) do you use?

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

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

Tick box: No, sometimes, always

Please tell us why and when these needs began

Further information:

**Is there anything else you think we should know about your health condition or disability?
For example any results from tests you have had.**



The Mobility Scheme

If you are eligible to join the scheme, would you like us to post you information about the help they offer?

Tick box: Y/N

Checklist – use this!

Are you sending any supporting information at a later date?

Tick box: Y/N