

Often brought

Not

Vital

PIP2 Form and Return Envelope

Previous PIP Decision/Award  
Statement from Carer

Important

Care/Therapy Plan  
Days I Walked and How Far  
GP's Name & Address  
Hospital Discharge Notes/Forms  
Medical Diary  
Nutrition Plan  
Prescription List  
Test/Assessment Results  
Treatment Plan

Certificate of Vision Impairment  
Photos of Bathroom  
Photos of Kitchen  
Claimant's Diary or Journal  
Consultant's Name & Address  
Days When Fits, Blackouts or Falls  
Days Went Out & If Accompanied  
Nurse's Name & Address  
Personal Calendar  
Previous PIP Claim or Review Form  
Statement from GP  
Statement from Other Professional  
Summary Patient Record from GP

Useful

Appointment Letters  
The Carer  
Social Worker's Name & Address  
Support Worker's Name & Address  
Therapist's Name & Address

Actual Aids  
Days I Did Not Eat Properly  
Days When Injured or Hurt  
Days Which Were Good & Which Bad  
Exercise Plan  
Photos of Bedroom  
The Relative or Friend  
Statement from Relative or Friend

Not of much use

Claimant's Personal Statement

Actual Medications and Equipment  
Days I Did Not Take Medications  
Photos of Living Room  
Photos of Treatments  
Photos of Meals

Not useful at all

Photos of Aids  
Photos of Medication Doses

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