

Doctor's Report for Disability Living Allowance, Attendance Allowance, Personal Independence Payment, Employment and Support Allowance, Incapacity Benefit or Universal Credit to accompany your patient's claim under Special Rules

This is not a claim form

DS1500 – patient's copy

Surname

Other names

Date of birth

NI No.

Address

Part 1 – Condition

What is the diagnosis?

Other relevant diagnoses?

Is the patient aware of their condition and/or prognosis?

Yes

No

Who asked you to complete this form?

Patient

Representative

If you have ticked *Representative*, tell us the name and address of the representative below.

Date of diagnosis

Part 2 – Clinical features which indicate a severe progressive condition. (For example: rate of progression, recurrence, staging, tumour markers, CD4 count and viral load, bulbar involvement, respiratory and/or heart failure etc.)

Part 3 – Treatment

Please give details of relevant past or current treatment with date including response (if none or palliative please state)

Is any other intervention or treatment planned which may significantly alter progression of the condition?

Declaration

The person named above is my patient. This is a full report of their condition and treatment. I have read and understood the notes on the completion of this form and I am satisfied that the form is appropriate. I am the patient's:

- General Practitioner
- GMC registered consultant
- Other, please specify _____

Signature

Your name

Phone number

Address or FHSA stamp

Date