### EMP Report - About the customer

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>NINO</td>
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<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Other names</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
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<tr>
<td>Correspondence Address</td>
<td></td>
</tr>
<tr>
<td>Tel number</td>
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### To

Dr. ____________________________

### From

Medical Services
EMP Allocations

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### Part 1 - About the Visit (for completion by Medical Services)

Please arrange an EMP report for the person named above.

We need a report on the customer's

- [ ] Mobility needs
- [ ] Care needs

Please return the completed report by / / .

**Signature**

__________________________

**Date**

/ / 

**Tel number**

__________________________

**Name**

__________________________

Please turn over >

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01/02

DLA140
Part 2 - About the Visit (for completion by Decision Maker)

☐ Claim  ☐ Reconsideration  ☐ Supersession  ☐ Renewal  ☐ Appeal

The Decision Maker dealing with this case requests further evidence before reaching a decision. The purpose of your visit is to provide a detailed word picture of the needs of the customer, with regard to the area(s) of concern of the Decision Maker, outlined below.

You are requested to carefully consider the submission overleaf. Please take a further statement from the customer, or the carer, detailing their views on the issues raised. You should then complete the attached examination report form and answer any additional questions added overleaf. Please give reasons for any opinion expressed.

Disabling Conditions stated by customer

- Arthritis
- Shuffling / Asterism
- Cardiac Valve Disease / Dizzy Spells
- Legs Go Dead

Diagnosis from Medical Professional

- Cervical Spine / Trauma Nerve Impairing
- Arm / Hands / Heart Valve Disease
- Balance Impairment

Name and status of person giving diagnosis

G.P.

Medication

- Pantoprazole 40mg Tablets 1 day
- Terbutaline 50mcg as needed 1 day
- Symbicort 200/60mcg 2 puffs twice a day
- Brincanyl 2.5mg/ml twice a day
- Promazine 50mg Tablets 1 day
- Paroxetine 40mg Tablets 1 day
- Ramipril 1.25mg Tablets 1 day
- Cinnarizin 15mg Tablets 6 day
- Kapex Tablets 3 days

Details of source of above information

Claim Pack / GP.

Other comments

/
Submission to E.M.P.

1 year old woman with cervical spondylosis and aortic valve disease. Please assess care and mobility fully with dates. Please complete DLA 140. Please make clear in your report what is witnessed, what is self assessment and what is your opinion. Please make clear any significant difference between casually observed function of muscle groups and formal testing.

Questions for E.M.P.

1. Please describe which joints/areas of the spine are involved, the severity of pathology and clinical findings evident on examination (eg swelling, deformity, instability, synovial thickening, tenderness, range of movement etc).
2. Please describe the visible and palpable condition of musculature. Is any muscle wasting present?
3. Please state your own opinion re her walking ability based on the clinical findings
4. Does she drive? If so, what special adaptations and assessments have been needed?
5. What is the prognosis?

Signature

Print name     Date

Please turn over >
### Part 3 - About the Visit

I was unable to complete the EMP report because


Information you may need to be aware of


<table>
<thead>
<tr>
<th>Date of aborted visits</th>
<th>reason why visit was aborted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st aborted visit</td>
<td>/ /</td>
</tr>
<tr>
<td>2nd aborted visit</td>
<td>/ /</td>
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</tbody>
</table>

**Signature**

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<th>Name</th>
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**Date**

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