Domiciliary Care Allowance Specialist's Report

Social Welfare Services
Dom Care 3

Data Classification R

Note:

If your child is being treated by more than one specialist and you are submitting a report from each, please ensure you use a separate report form for each specialist.

Child's details

Child's PPS No.:

Child's Surname

Child's First name(s):

Child's date of birth?

D D M M Y Y Y Y

Diagnosis

Primary diagnosis:

ICD10 Code(s):

Other diagnosis:

ICD10 Code(s):

Other diagnosis:

ICD10 Code(s):

Other diagnosis:

ICD10 Code(s):

Please indicate the assessment tools that were used to reach this diagnosis (see example):

Assessment Tool	Date
Weschler Intellectual Scale for Children/WISC	12/10/2012

Any Assessments/Investigations pending?

☐ Yes ☐ No

If 'Yes', please give details in the space provided:

Medication/s:

Current Therapy and frequency (see example)

Therapy	Frequency	Time Period
Occupational Therapy	Weekly	01/01/2011 - 30/10/2011

In each of the following areas, please describe how the child's strengths and weakness impact him/her **in comparison to a child of the same age with no disability:**

Cognitive Functioning (please include full scale IQ, if available)	
Strengths	**Challenges**
Please describe the degree and duration of any resultant extra care requirements:	

Behaviour and Safety	
Strengths	**Challenges**
Please describe the degree and duration of any resultant extra care requirements:	

Speech and Language	
Strengths	**Challenges**
Please describe the degree and duration of any resultant extra care requirements:	

Social Skills and Communication	
Strengths	**Challenges**
Please describe the degree and duration of any resultant extra care requirements:	

Motor Skills	
Strengths	**Challenges**
Please describe the degree and duration of any resultant extra care requirements:	

If there are any issues in relation to eating/drinking, toileting, dressing/hygiene or sleep, which you consider relevant, please detail here.

Doctor's name:

MCN:

Address:

Speciality:

Qualifications:

Doctor's Signature (**not** block letters)

Doctor's official stamp

Date: D D M M Y Y Y Y (2 0 _ _)

All information given in this section is covered by the Data Protection Act and the Official Secrets Act.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.