Domiciliary Care Allowance Specialist's Report





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																		
PPS Number:																			
Surname:																			
First names:																			
Date of birth:																			
	D	D		M	M		Y	Y	Y	Y									
	Dia	Diagnoses																	
Primary diagnosis:																			
ICD10 Codes:																			
Other diagnosis:																			
ICD10 Codes:																			
Other diagnosis:																			
ICD10 Codes:																			
Other diagnosis:																			
ICD10 Codes:																			
Diagon list the assessment to				ıı.					_										

Please list the assessment tools used to reach these diagnoses. See example below:

Assessment tool	Date
Weschler Intellectual Scale for Children/WISC	12/10/2019

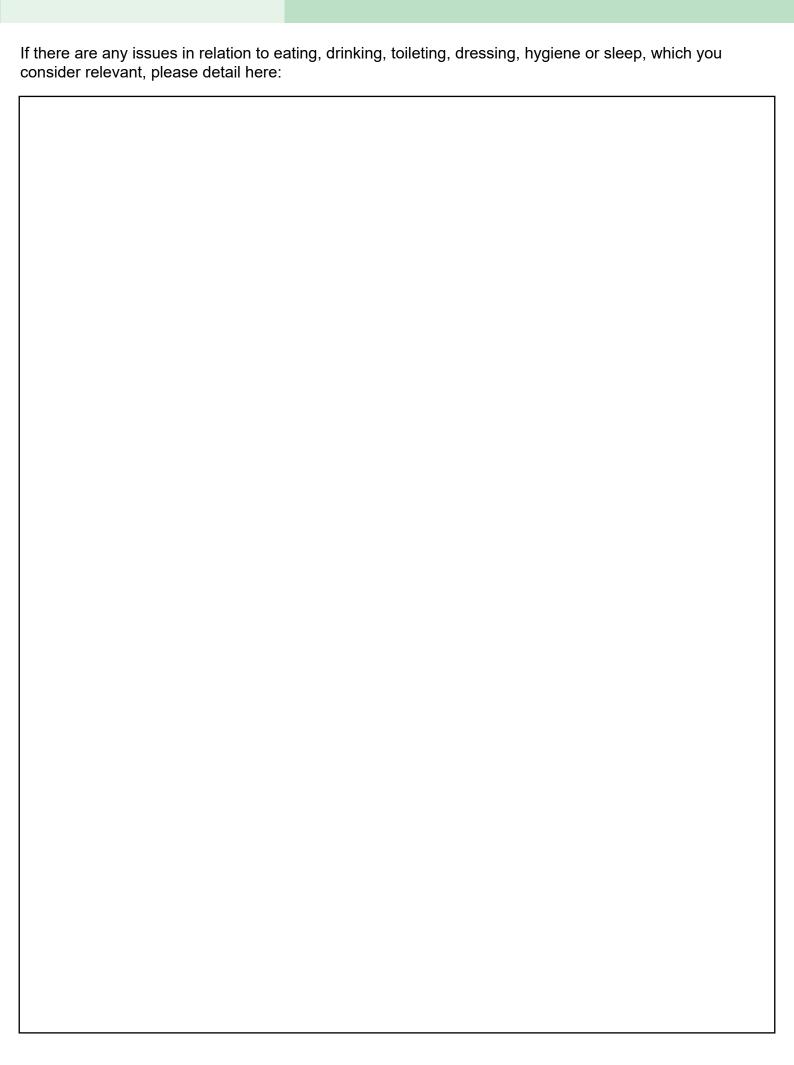
Are there any assessments or investigations pending	?		Yes	☐ No						
If yes , please give details in the space provided:										
Medications:										
Current therapy and frequency, see example below:										
Therapy		Frequency	Time p	period						
Occupational Therapy		Weekly	01/01/2022 -	30/10/2022						
In each of the following areas, please describe how the comparison to a child of the same age with no disabilities.		s strengths and	weakness impa	act them in						
Cognitive Functioning, please include full sca	ale IQ, i	f available.								
Strengths:	Challenges:									
Diago describe the degree and duration of any requi	ltant ovt	ro coro roquiror	monto							
Please describe the degree and duration of any resu	mani exi	ra care requirer	nents.							

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

Speech and Language	
Strengths:	Challenges:
Please describe the degree and duration of any resu	Itant extra care requirements:
Trease describe the degree and daration of any rese	mant extra date requirements.

Social Skills and Communication	
Strengths:	Challenges:
Please describe the degree and duration of any resu	
in the description and degree and defend or any rest	

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



Doctor's name:														
MCN:														
Address:														
Speciality:														
Qualifications:														
)oot	or's	off	icio	Lote	mn		
						_	Ooct	.01 8	OII	lCla	ı Sıc	анц	,	
Doctor's signature, not capital letters.														
		7												
Date: 2 0 D D M M Y Y	YY													
1														

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 administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

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

1.6K 02-23 Edition: February 2023