

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

Diagnoses

Primary diagnosis:

ICD10 Codes:

Other diagnosis:

ICD10 Codes:

Other diagnosis:

ICD10 Codes:

Other diagnosis:

ICD10 Codes:

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 period
Occupational Therapy	Weekly	01/01/2022 - 30/10/2022

In each of the following areas, please describe how the child's strengths and weakness impact them 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:

A large empty rectangular box with a black border, intended for detailing relevant issues.

Doctor's name:

MCN:

--	--	--	--	--	--	--

Address:

Speciality:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Qualifications:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Doctor's signature, **not** capital letters.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

--	--

--	--

2	0		
---	---	--	--

D D M M Y Y Y Y

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.