Worksheet: Domiciliary Care Allowance medical report (DCAMed1)

Date

Ref

Patient	Date of birth	MRN
Address		

Part 2, completed by the child's GP or specialist

Child's name and date of birth

Diagnosis and the condition's effect

Care needs beyond a child of the same age

Where a pervasive developmental disorder applies

Additional form DomCare 3 from the treating specialist