

Increased Severe Disability Assistance

Physical Disability

Applicant's Medical Report *(To be filled in by Medical Doctor)*

Details of person being attended to:

Identity Card Number: * _____

Name: * _____

Surname: * _____

After measuring performance in activities of the daily living of patient by using the Barthel Index (0 – 20), mark the final score which reflects the condition of the patient:

Barthel Index Score: _____

The result issued by the applicant's medical doctor is not final but is subject to the scrutiny and final conclusions of the Multi-Disciplinary Board established by the Social Security Act (Cap. 318.)

This Board is made up of experts specialising in the area or areas of relevance to the applicant.

Name of Medical Doctor / Specialist

Medical Council N°.

Signature

Date

Rubber Stamp