

# Carers Allowance / Increased Carers Allowance

**Medical Report** (To be filled in by Medical Doctor)

**Details of person being attended to:**

Identity Card Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_

Surname: \* \_\_\_\_\_

Date of Birth: (DD/MM/YYYY)    \_\_ / \_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**After measuring performance in activities of the daily living of patient by using the Barthel Index (0 – 20) or the cognitive state through the Mini Mental State Examination, mark the final score which reflects the condition of the patient:**

Barthel Index Score: \_\_\_\_\_

Mini Mental State Examination 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*