



Social Security
Scotland

Tèarainteachd Shòisealta Alba

Benefits Assessment under Special Rules in Scotland (BASRiS) Form for Terminal Illness

(Applies to Child Disability Payment, Adult Disability Payment,
Pension Age Disability Payment and Scottish Adult Disability
Living Allowance) **Please complete promptly.**

FOR EMAIL USE ONLY

Patient

1 Surname

2 Other names

3 Date of birth

DD MM YYYY

4 CHI number

5 Address

6 Postcode

The Condition:

Part 1

1 What is the
diagnosis?

2 Other
relevant
diagnosis

The Condition continued:

3 Is the patient aware of their condition? Yes No

4 Is the patient aware of their prognosis? Yes No

If the patient is an adult and the answer is no to either 3 or 4, please provide the name, contact details of their legal representative (address, email, telephone) and relationship to the patient (guardian/appointee);

OR

If the patient is a child, please provide below, the name, contact details of their parent or legal representative and their relationship to the child (parent/guardian/kinship carer/appointee)

Name

Relationship

Address

Postcode

Phone number

Email if available

Part 2 - Clinical Indicators which support your clinical judgement

Please give details of the three Indicators which support your clinical judgement. In filling in this section, you should provide details related to the indicators set out in section 7, also with particular reference to bullet points five to eight in section 8 (highlighted in bold), of the accompanying guidance. The indicators can be used for conditions which go beyond cancer to include other areas, whether they are single or multiple conditions, such as organ failure (respiratory disease, heart/vascular disease, kidney disease, liver disease); neurological diseases (Parkinson's disease, Motor Neurone Disease, Multiple Sclerosis); Stroke; Frailty with one or more co-morbid diseases/conditions; Dementia; and rare conditions or diseases. This list is not exhaustive. In addition, individuals' eligibility for BASRiS also could be established based on a combination of diseases with conditions, and your clinical judgement about the requirement for expedited access to disability assistance.

If it is not possible to give a definitive diagnosis, please apply the indicators as described in the previous paragraph, and give details of condition (e.g. a neurological condition, multisystem disorder), relevant current treatment, its purpose and response e.g. palliative care, decreasing reversibility, deteriorating symptoms, increasing input of health and social care providers.

Is there any other intervention or treatment planned which may significantly alter the progression of the condition?

Declaration

I have been professionally involved in the diagnosis and/or care of the patient and had access to the relevant clinical records to provide this report to the best of my knowledge and belief.

I believe that this patient is terminally ill according to the indicators laid out in the “Clinical Assessment of Terminal Illness” (Section 7) of the CMO GUIDANCE FOR DOCTORS AND NURSES COMPLETING BENEFITS ASSESSMENT UNDER SPECIAL RULES IN SCOTLAND (BASRiS) FORM FOR TERMINAL ILLNESS.

I have sought and obtained valid consent from the patient and or their legal representative to share the information included in this form with Social Security Scotland. This has been noted in the patient’s clinical records. Yes No

OR

I have not obtained consent because disclosure of information included in this form would be likely to cause serious mental and / or physical harm to the patient or a child’s parent/individual with legal parental responsibilities, if they were to become aware of it. This has been noted in the patient’s clinical records. Yes No

I have not disclosed the information included in this form to the patient’s legal representative. Yes No

This is because:

It would be likely to cause serious mental and / or physical harm to the patient’s legal representative. Yes No

OR

For any other reason (for example I have not spoken to them). Yes No

This has been noted in the patient’s clinical records. Yes No

I am a Registered Medical Practitioner or I am a Registered Nurse.

1 Name

2 GMC No

3 NMC No

4 Work Phone number

5 Work Email Address

6 Work Address

7 Postcode

8 Signature

9 Date of Clinical Judgement of Terminal Illness DD MM YYYY

Return to: CDPBASRiS@socialsecurity.gov.scot (0 to 16 years) ADPBASRiS@socialsecurity.gov.scot (16 years and over) PADPBASRiS@socialsecurity.gov.scot (State Pension age and over) SADLABASRiS@socialsecurity.gov.scot (Scottish Adult Disability Living Allowance)