



Medical Assessment Form

*We aim to provide good quality
affordable housing for people who want to live
in Abronhill by giving a high quality housing
service controlled by local people.*



MEDICAL ASSESSMENT FORM

If you have told us you need a new home because you or someone who lives with you has a medical condition, please complete the following part of this form to support your request. You should provide as much information as you can. This will help us to make a decision as quickly as possible. **Please note that completion of this medical information does not guarantee you will be awarded medical points. Your application will be assessed by a suitably qualified medical professional engaged by the Association.**

Medical points are not awarded simply because an illness or disability is severe but only if rehousing can help significantly.

If more than one person in your household has a medical need to move, each of you should fill in a medical assessment form. Please contact the Association to request additional forms if required.

Name of main applicant on application form	
---	--

Please now complete the remainder of this form based on the person whom the medical assessment relates to

Name of person with medical need	
Date of birth	

Describe in your own words what health problem/s or disability is suffered.

--

How long have you suffered these health problems

--



**Do you/they regularly attend a hospital/clinic or similar for support with your/their condition?
If so, please provide details below.**

Name of hospital or similar	
How often do you attend	
Name of doctor, consultant or similar	

Do you consider yourself to be disabled?

YES

NO

I have difficulty hearing

I am profoundly deaf

I have difficulties with my eyesight

I am registered blind

I have a mobility problem

I use a wheelchair or mobility aids

I have a mental health problem

Is your current accommodation suitable for your medical needs?

YES

NO

If no, please provide details, and explain how a move would improve your health or ability to cope with your disability?



Do you have difficulty getting around?

YES

NO

If yes, please provide details, and explain how a move would improve your health or ability to cope with your disability?

Do you find it difficult to use stairs?

YES

NO

If stairs are an issue please complete the boxes below

How many stairs or steps are there in your current home?

Inside

Outside

How many stairs or steps can you manage easily?

Inside

Outside

Has your current home been specially adapted for your needs?

YES

NO

If yes, please provide details of the adaptations



Do you get regular help from any of the following people or organisations?

A relative or friend

Name and Address of relative/friend

An Occupational Therapist

A Social Worker

A Health Visitor

A Home Help

A District Nurse or Community Psychiatric Nurse

A voluntary organisation or church

Other type of assistance? (Please specify)



Do you require an additional bedroom for your health condition? Please note evidence is required.

YES

NO

If yes, please provide details

If there is any other relevant information regarding your medical condition you wish to tell us please tell us here.



Protecting your information

We will store the information you give in this form, and any documents connected with it electronically. Staff will use this information to assess your housing need and will use it in line with the Data Protection Act 1988

Declaration

After you have completed this medical information, please read through the following statements and sign to show you understand and agree.

- You can contact my doctor, hospital consultant, health visitor, social worker or any other support professional if you need more information for my application for housing.
- I will tell you if my circumstances change.
- All the information I have given you is true. If I give false information or do not tell you about any relevant information, you may suspend my application.
- If you give me a property because I have given you false information or I have not told you about any relevant information, you may end my tenancy
- I have read and understand the section above on the use and care of my information in line with the data protection Act 1988

Signature of applicant with medical need (or parent/guardian if under 16):

.....

Date:



This application form can be provided to you in another language or supplied in large print or other format, please contact us to discuss your needs.