MEDICAL ASSESSMENT FORM

Date Received	
Housing Application Ref No.	

NEWARK & SHERWOOD DISTRICT COUNCIL

Give details of the main applicant		
Name	**Address**	
Postcode	**DOB**	**Tel No.**

Give details of any members of the household with medical needs			
Name	**Age**	**Gender**	**Relationship to applicant**

DETAILS OF YOUR CURRENT HOME			
What type of accommodation do you occupy?			
House	☐	**Bungalow**	☐
Flat	☐	**Maisonette**	☐
Hostel	☐	**B&B**	☐
Caravan	☐	**Other**	☐
What floor level is your accommodation		**Please specify number of bedrooms**	
What is your tenure?			
Council Tenant	☐	**Owner Occupier**	☐
Housing Association Tenant	☐	**Staying with relatives/friends**	☐
Private Tenant	☐	**Lodging**	☐
Other (please state)	☐	**Housing occupied by more than 1 family**	☐

Do you have the following facilities in your home? Please tick Yes or No			
Toilet - upstairs	**Yes ☐ No ☐**	**Bathroom - upstairs**	**Yes ☐ No ☐**
Toilet - downstairs	**Yes ☐ No ☐**	**Bathroom - downstairs**	**Yes ☐ No ☐**
Shower over bath	**Yes ☐ No ☐**	**Ceiling Track Hoist**	**Yes ☐ No ☐**
Shower - flat access	**Yes ☐ No ☐**	**Stair lift**	**Yes ☐ No ☐**
Shower - cubicle	**Yes ☐ No ☐**	**Through floor lift**	**Yes ☐ No ☐**
Level access into your home	**Yes ☐ No ☐**	**Internal wheelchair access**	**Yes ☐ No ☐**
Other adaptations	**Yes ☐ No ☐ Please provide details:**		

Give details of your household's medical conditions relating to your housing	
Name of person with medical problem	**Medical Condition**

Do you receive PIP/DLA?	**Yes ☐ No ☐**	**Are you registered Blind or Partially sighted?**	**Yes ☐ No ☐**
Do you receive Attendance Allowance?	**Yes ☐ No ☐**	**PLEASE PROVIDE EVIDENCE OF THESE LISTED BENEFITS**	
Do you receive any other allowances?	**Yes ☐ No ☐**		
If Yes give details of these other Allowances:			

Please tell us a bit about yourself

Do you need any of the following to help you get around?			
Walking stick	☐	**Walking Frame**	☐
Crutches	☐	**Wheelchair**	☐
Mobility Scooter	☐	**Other:**	
If you use a wheelchair, how often?	**Occasional use indoors ☐**	**Occasional use outdoors ☐**	**Full-Time ☐**

How many stairs can you climb without difficulty?			
None	☐	**One or two steps**	☐
One flight of stairs (about 12)	☐	**More than one flight**	☐

Have you had an Occupational Therapist assessment?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Address:			
Telephone number:			
When did you last see them?			

Do you have a carer?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Address:			
Telephone number:			
How many hours of care do you receive per day?			

Can you access the services you require?			
Yes	☐	**No**	☐
Please tell us which services are essential for your well-being and their addresses:			

Mental Health Problems

Do you have mental health problems?			
Yes	☐	**No**	☐
If yes please provide details:			

Do you see a psychiatrist?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Telephone number:			
How often do you see this person?			
What date was your last appointment?			

Do you see a community psychiatric nurse?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Telephone number:			
How often do you see this person?			
What date was your last appointment?			
Please tell us how your circumstances will improve if you move property:			

Learning Disabilities

Do you have a learning disability?			
Yes	☐	**No**	☐
If yes please provide details:			

Do you see a social worker?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Telephone number:			
How often do you see this person?			
What date was your last appointment?			

Do you have a support worker?			
Yes	☐	**No**	☐
If yes please provide details:			
Name:			
Telephone number:			
How often do you see this person?			
What date was your last appointment?			
Please tell us how your circumstances will improve if you move property:			

Additional Information

Are any of the following facilities essential for you?			
Ground floor accommodation	☐	**Level access to a property**	☐
Wheelchair access to the property	☐	**Wheelchair access within the property**	☐
Ground floor bathroom/toilet	☐	**Level access shower**	☐
Stair Lift	☐	**Supported accommodation**	☐
Other	☐		
If yes, please give details:			

Do you have a guide/hearing dog?			
Yes	☐	**No**	☐

DECLARATION – Please read and sign this

I declare that the details given in this form are correct. I understand that if a tenancy is allocated on the basis of a false statement this may result in the Council regaining possession of the property.

I hereby give my explicit consent to:

- My General Practitioner, Consultant or other Health Worker or other appropriate agencies or persons possessing my personal data and disclosing that personal data to Newark and Sherwood District Council.
- Newark and Sherwood District Council disclosing the information on this form to your General Practitioner, Consultant or other Health Worker and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.

I understand that this personal data processed, obtained and given may be used so that my application can be properly investigated and assessed.

All details provided are strictly confidential. The Data Protection Act and the Access to Personal Files (Housing Regulations) 1989 give you the right to look at information.

The personal information you have supplied on this form will be used for your application for re-housing and may be shared with other areas of Newark and Sherwood District Council, the Police and other public bodies for the recovery of debt, prevention and detection or fraud or the detection and prevention of crime as permitted under the Data Protection Act 1998. We advise applicants that the data held by the authority in respect of your housing application will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

	APPLICANT WITH MEDICAL NEEDS FOR ASSESSMENT
Signed	
Date	

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.

NEWARK & SHERWOOD DISTRICT COUNCIL

Prosimy skontaktować się z nami, jeśli chciał(a)by Pan(i) uzyskać ten dokument w innym języku lub formacie albo też potrzebuje Pan(i) skorzystać z usług tłumacza ustnego. (Polish)

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。 (Mandarin)

Se gostaria de ter este documento noutro idioma ou formato, ou se necessita de um intérprete, contacte-nos. (Portuguese)

POSITIVE ABOUT DISABLED PEOPLE

Signing

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Audio Tape

V.8