



MEDICAL / SUPPORT ASSESSMENT FORM

Do you or anyone to be rehoused with you have a medical condition which makes living in your current home difficult and/or dangerous?

If YES, please complete the following questions, these will need to be completed for every person with a medical need. If you need additional forms please contact Housing Options on **Tel: 01695 585271**.

Full Name

Address

Name of person with medical condition

What is your medical condition?

Do you have any mental ill health problems?

YES / NO

Do you have a learning disability?

YES / NO

What is your GPs name and address

If you take any prescribed medication please provide details including the name of the medication, dosage, and how often taken.

What makes your current home unsuitable? Please circle to indicate from list below	
Steps outside On a hill Unsuitable heating Too far from amenities Other	Steps inside No shower WC upstairs Too far from family
If you have answered Other please provide detail	
How will moving to the accommodation/area you have requested help	
Are you disabled in any way?	YES / NO
Are you registered disabled?	YES / NO
Are you registered blind?	YES / NO
Are you partially sighted?	YES / NO
Are you hard of hearing?	YES / NO
Do you have an assistance dog?	YES / NO
Do you use any specialised equipment to manage your illness?	YES / NO
If yes, is there space to store this equipment?	YES / NO
Do you require an extra bedroom because of your medical condition?	YES / NO
If Yes please specify why	

YOUR MOBILITY

How would you describe your mobility	Good / Okay / Poor
Do you have difficulty with stairs?	YES / NO
Do you need level access to get into your home?	YES / NO
Are you a car owner?	YES / NO

Do you use any of the following mobility aids? (Please circle the ones you use)	
Wheelchair all of the time	Wheelchair only outside
Zimmer	Wheeled Zimmer
Stick	Motorised Scooter

How many stairs are there inside your home?	
How many steps are there to your front door?	

ADAPTATIONS

Has your current home been fitted with any adaptations?	YES / NO	Would you require adaptations to your new home?	YES / NO
If so please indicate which <ul style="list-style-type: none"> • ramp to entrance, • walk in shower/wet room, • stair lift, • vertical(through floor) lift, • fully adapted for wheelchair user, • ceiling hoist, • grab rails, • ground floor bathroom, 		If so please indicate which <ul style="list-style-type: none"> • ramp to entrance, • walk in shower/wet room, • stair lift, • vertical(through floor) lift, • fully adapted for wheelchair user, • ceiling hoist, • grab rails, • ground floor bathroom, 	

CARE & SUPPORT

Please provide details of any other medical or support professionals you have contact with e.g. Consultant, Psychiatric Nurse, Social Worker, Occupational Therapist.

Name & Position	Address	Telephone Number

Do you need help with any of the following?

Task	Help required	Help provided	Who provides	How often*
Getting up / going to bed / dressing				
Bathing / washing				
Using toilet				
Preparing food / drinks				
Managing medication				
Shopping				
Collecting pension				
Managing Finances				
Laundry				
Housework				

* e.g. visits per day, 7 days a week

Do you have a full time carer?	YES / NO
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Are your relatives currently providing you support?	YES / NO
If yes please provide their name and address	

Do your relatives have difficulty providing support due to your location?	YES / NO
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Do they own a car?	YES / NO
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Do you attend / have any of the following?

Lunch Club	YES / NO
Meals on Wheels	YES / NO
Day Centre	YES / NO
Do you have a current care plan?	YES / NO
Do you have a current risk assessment?	YES / NO

Declaration

The information on this form is a true statement. I understand that any information that is false or misleading may lead to prosecution.

	<i>Main Applicant</i>	<i>Joint Applicant</i>
Signature		
Date		

Supporting information

You will need to ask a health professional such as your GP, health visitor or consultant to provide proof of the condition and why your current home presents a risk to you.

If you need to move closer to family or friends to give or receive support because of a medical condition, you will need to provide proof of the medical condition and letters from the family members or friends you are asking to move nearer to. These letters should say how they will be giving or receiving the support.