

HOUSING LIST APPLICATION
MEDICAL ASSESSMENT FORM



Housing Association Ltd
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Registered Society under the Co-operative and Community Benefit Societies Act 2014 2375R(S); Registered Scottish Charity No SC038237; Registered Social Landlord HAC231; Registered Property Factor PF000151

Do you or any member of you household have medical problems which are made worse by living at your present home? YES/NO

Please note; having a medical condition may not lead to points being awarded, points will only be awarded where rehousing will improve your medical condition.

1. Housing Applicant's Details

1.1 Name: _____

1.2 Date of Birth: _____

1.3 Address: _____

1.4 Type of home (please tick (✓) in the box provided)

Flat House

Maisonette Bungalow

If none of these, please specify _____

1.5 If it is a flat, what level is it on? _____

1.6 Please tell us what health problem you have (or anyone else in your household)

Name of person with health problem: _____

Date of Birth: _____

Health Problem(s): _____

The questions which follow refer to the person stated in 1.6.

Mental Health Conditions

Do you suffer from mental illness which is made worse by living at your present home?

Yes No

If yes, please provide details _____

How long have you suffered from this complaint? _____

List any medication you are receiving: _____

If you have no mobility issues please proceed to Question 8.

2. Getting around your home

2.1 Do you have difficulty in walking? Yes No Some difficulty

2.2 If yes, do you use any of these to help you get around?

Walking stick Walking frame Wheelchair

2.3 If you use a wheelchair, do you use it indoors or outdoors?

Outdoor Indoors Both

2.4 Do you have any difficulty with stairs inside or outside your home? Yes No

2.5 Please tell us what problems you have with stairs? _____

2.6 Please indicate how many stairs there are. Inside _____ Outside _____

2.7 Are there handrails on the stairs? Yes No

2.8 Are they on one side or both sides? One Side Both Sides

2.9 How many stairs would you be able to manage easily? _____

2.10 Do you already have, or do you need, any equipment to help you with the stairs? (Please describe) Yes No

3. Bathroom

- 3.1 What does your bathroom have? a bath
- a shower over the bath
- a separate shower unit
- a wet floor area

3.2 Do you have any difficulty using the bath, shower or toilet? Yes No

If yes, please tell us about it _____

- 3.3 Do you have to go upstairs to the: toilet
- bathroom
- bedroom

3.4 Have any adaptations been carried out to your present accommodation because of your medical needs? YES NO

Please detail _____

4. Heating

4.1 What sort of heating do you have? _____

4.2 What sort of heating would you prefer? _____

4.3 If you have any other comments on heating or ventilation in your home, please note them here.

5. Dampness

5.1 Is there dampness in any of your bedrooms? Yes No

Number affected _____

5.2 If this affects your health please tell us about it: _____

6. Bedroom

6.1 Does your illness or disability mean you need an extra bedroom? Yes No

If yes, please tell us why you need this and provide proof of this (i.e letter from GP/occupational health)

7. Other Health Problems

7.1 If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help.

8. Disability Benefits

8.1 Are you currently in receipt of Disability Benefits? Yes No

8.2 If yes, please state types(s) of Benefit:

9. Hospital

9.1 Do you regularly attend a hospital or clinic? Yes No

9.2 If so, which hospital/clinic?

9.3 What is your consultant's name?

10. Family Doctor

10.1 What is your doctor's name? _____

10.2 Address _____

10.3 If you get regular support from anyone else, such as a district nurse, occupational therapist, CPN or carer, please give their name(s) and address(es), if possible.

11. Getting Further Information

11.1 Do we have your permission to contact any of the above people if we need more information about your health? Yes No

12. Declaration

"I have read Pineview's Allocations Summary Policy and hereby declare that the above information is a true record of the medical circumstances within my household".

Signature of Housing Applicant: _____

Date: _____

General Data Protection Regulation (GDPR) and Data Protection Act 2018

The personal information provided with and within your housing application form will be handled by us in accordance with the 'How We Will Use Your Personal Information (Housing Applicants)' statement included with this application form. This statement is also available for download from www.pineview.org.uk/data-protection . Please read this statement carefully before completing your housing application form. By signing and submitting your application form to us, you accept the content of that state

THANK YOU FOR FILLING IN THIS FORM

Please return it to Pineview Housing Association

