

# Medical Assessment Form

(Referred to as Appendix 5 in policy)



Date of issue        /        /

Application Number: \_\_\_\_\_

If you need help completing this form please contact your local office.

You should give full details of any medical condition, how your current home affects your medical condition and how re-housing might improve your condition.

If more than one member of your household has a medical condition, a separate form must be completed for each person.

Please enclose any letters that you have from GPs, hospitals, health visitors or Social Services to support your medical application. This will help us to carry out a fuller assessment of your case.



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Date of Birth: \_\_\_\_\_

**1. What medical problems do you have?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 2. Is your condition

getting better?                       getting worse?                       staying the same?

Explain why and how: \_\_\_\_\_

\_\_\_\_\_

**3. What medications are you using?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. Your doctor's details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

#### 5. Do you use:

Please tick as appropriate	Inside	Outside
a wheelchair		
a walking stick		
a walking frame		
an adapted vehicle		

#### 6. Do you get breathless when walking or climbing stairs?

Yes       No

#### 7. Is it painful to climb stairs?

Yes       No

#### 8. Do you need to live on the ground floor?

Yes       No

**9. Do you need help with any of the following?**

Please tick as appropriate	Yes	No
Bathing		
Housework		
Cooking		
Shopping		

**10. Are you applying to move in order to get help from another person?**

If so, tell us where they live and their relationship to you. \_\_\_\_\_

**11. Please tick if you have had support in the last two years from any of the following:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Care assistant              | <input type="checkbox"/> Hospital consultant | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Community psychiatric nurse | <input type="checkbox"/> Social worker       | <input type="checkbox"/> Meals on Wheels        |
| <input type="checkbox"/> District nurse              | <input type="checkbox"/> Health visitor      |   |

**12. Please tick if you receive any of the following benefits**

- |   |  |
|---|--|
| <input type="checkbox"/> Incapacity Benefit                   | <input type="checkbox"/> Industrial Injuries Disablement Benefit |
| <input type="checkbox"/> Attendance Allowance                 | <input type="checkbox"/> Disability Living Allowance Care        |
| <input type="checkbox"/> Disability Living Allowance Mobility | <input type="checkbox"/> Severe Disablement Allowance            |

**13. Has your current home been adapted for residents with disabilities or long term medical conditions?** Please tick which adaptations.

- |                                     |   |                                     |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Grab rails | <input type="checkbox"/> Floor-level shower | <input type="checkbox"/> Stair lift |
| <input type="checkbox"/> Ramp       | <input type="checkbox"/> Other adaptations  |                                     |

**14. Would you need these adaptations in a new home?**

- Yes       No

**15. Does your present home affect your health? If so, how?** \_\_\_\_\_

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**16. Do you have a history of falls and/or a fear of falling that is affecting how you live your life?** \_\_\_\_\_

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**17. Please give any other information that might be relevant to your application.**

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## **Data Protection**

### **How we use your data**

Metropolitan Housing Partnership (MHP) will process your personal data only for the purpose of assessing your housing need. Any decision MHP make on your application will be based on the information that you provide or we obtain from other parties on your behalf.

We reserve the right to verify information as necessary, which may include contacting credit reference agencies who may keep a record.

The diversity information we gather in section 6 is used to ensure we do not discriminate against any group or groups of people on the grounds of, for example, age, gender, sexual orientation, disability, religion or ethnicity.

### **Information Sharing**

The information we collect on you may be shared between the following parties where relevant to the purposes of this application: partner organisations within MHP, contracted third parties, medical professionals (see section above), central and local government departments, housing authorities, councils and local authorities.

Other information sharing may be done where there is a legal obligation to provide it or we have your consent to use the information for other purposes.

The information you provide may be disclosed to organisations that handle public funds and/or relevant authorities to prevent and detect fraud and/or crime.

This information may also be used for surveys: we may pass this information to government departments, research organisations and agencies working on our or their behalf who may contact you.

**Next step**

If you do not sign these sections we will have to return your application to you for completion.

If you have any queries or need help in completing this form, please telephone your local housing office.

**MHP employees and Board members**

In order to comply with schedule 1 of the Housing Act 1996 MHP will not offer accommodation to board members, members of staff or the close relatives of board members or employees unless a legal exemption applies. For further information see Appendix 2 – Legal and Regulatory Framework of the Allocations and Lettings Policy.

I have read and understood how the information in this application will be used.

I certify that the information given above is correct to the best of my knowledge. I understand if I am allocated a tenancy on the basis of false information, MHP reserve the right to terminate the tenancy. I will inform MHP of any changes in my circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**We want all our customers to be able to understand the information we provide. If you need to receive this information in your own language or in an alternative format (e.g. large print, braille, audio disc), please contact your local office reception and we will take reasonable steps to arrange this for you.**

**ગુજરાતી:** અમારો લક્ષ્ય છે કે અમારા બધા ગ્રાહકો ને સારી સમજન રીતે જાણકારી મળે. જે અમે તમને તમારી પોતાની ભાષા માં પણ આપે છે, આ સહુલિયત માટે કસ્ટમર સર્વિસીઝ જોડે સમ્પર્ક સાધવા વિન્નતિ અને અમે તમારા માટે યથોચિત કદમ ધરાવિયે છે.

**हिन्दी:** हम चाहते हैं कि हमारे सारे ग्राहक हमारे द्वारा प्रदान की जा रही सारी जानकारी को समझें। यदि आप अपनी ही भाषा में कोई भी जानकारी प्राप्त करना चाहते हैं, तो कृपया कस्टमर सर्विसेज़ को सम्पर्क करें और आपके लिए प्रबन्ध करने के लिए उचित कदम उठाएंगे।

**Polski:** Chcemy, aby informacje przez nas udzielane były zrozumiałe dla wszystkich klientów. Osoby, które chciałyby otrzymać informacje w języku polskim prosimy o skontaktowanie się z działem obsługi klienta, a my postaramy się udostępnić im informacje w żądanym języku.

**ਪੰਜਾਬੀ:** ਅਸੀਂ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਸਾਡੇ ਸਾਰੇ ਗਾਹਕ ਸਾਡੇ ਦੁਆਰਾ ਪੇਸ਼ ਕੀਤੀ ਜਾ ਰਹੀ ਸਾਰੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ। ਜੇਕਰ ਤੁਸੀਂ ਆਪਣੀ ਹੀ ਭਾਸ਼ਾ ਵਿੱਚ ਕੋਈ ਵੀ ਜਾਣਕਾਰੀ ਨੂੰ ਹਾਸਲ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ ਕਸਟਮਰ ਸਰਵਿਸੀਜ਼ ਨੂੰ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਤੁਹਾਡੇ ਲਈ ਇਸਦਾ ਇੰਤਜ਼ਾਮ ਕਰਨ ਲਈ ਉਚਿਤ ਕਦਮ ਲਿੱਤੇ ਜਾਣਗੇ।

**اردو:** ہم چاہتے ہیں کہ ہم جو معلومات فراہم کریں اسکو ہمارے تمام صارفین سمجھ سکیں۔ اگر آپ کسی قسم کی معلومات اپنی زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی صارفین سے متعلقہ خدمات یعنی کسٹمر سروسز سے رابطہ کریں اور ہم اسکا انتظام کرنے کے لیے مناسب اقدامات کریں گے۔

MHIP038/0309



We are a partnership of organisations working together to make a difference to communities in London, Cambridgeshire, the Midlands and Yorkshire.

Our members are Metropolitan Housing Trust, Metropolitan Home Ownership, Metropolitan Support Trust, Clapham Park Homes, Granta Housing Society and Spirita.

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