

To be completed by the applicant or their representative

Medical Information for Consideration of Housing Priority

It is often suggested that a letter from the doctor to the housing department will help with people's place on the waiting list.

It is true that some medical problems do get priority but it is not necessary for this information to be given by a doctor.

Often the doctor will not know exactly how a disability affects every part of a patient's life, and even when the doctor does know, this information has usually come from the patient (or their relatives).

If the questionnaire below is filled in and given to the housing department it will then have all the information that it needs. If the housing department doubt the accuracy it can write, with the person's permission, to the doctor for confirmation, but this is not covered by the NHS and a fee will be charged.

Please give the completed questionnaire to the local housing department

Full name of person with medical problem:

.....

Address.....

.....

Telephone No:.....

1 Name of GP.....

Practice Address.....

Practice Telephone No.....

2 Name of Hospital Doctor and Department you are attending.....

.....

When was your last appointment at the hospital?.....

3 (a) What is the nature of your illness or disability?.....

(b) How does this affect you?.....

.....

(c) How would re-housing improve your condition?.....

.....

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4 Mobility restrictions (please tick the one that best applies to you)

- Fully mobile
- Walking with aid
- Unable to climb stairs
- Unable to walk

5 How does your present accommodation affect your illness or disability and its treatment?

.....
.....
.....

6 Please give details of your present accommodation (please circle your answers in this section)

(a) Are there any stairs to enter your house/flat/room? Yes / No

If Yes – how many?.....

(b) Are there stairs inside your house/flat/room? Yes / No

If Yes – how many ?.....

(c) Is the toilet inside or outside? Inside / Outside

On which floor is it? ground / first floor / second

(d) Is there running hot water? Yes / No

(e) Is there central heating? Yes / No

If No – how do you heat your home?.....

(f) Is there a bathroom ? Yes / No

On which floor is it? ground / first / second

(g) On which floor level is the main living room ? ground / first / second

(h) On which floor level is the sick person's bedroom? ground / first / second

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7 Please give the main features of the accommodation that you require:-

.....
.....
.....

8 How do you expect these features will improve your health?

.....
.....
.....

9 How long has your illness/disability been affecting you?.....

10 What changes in your illness or disability are expected over the next year?

.....

Signature of person with the medical problem.....

Date.....

If this form has been completed by someone on behalf of the person with medical problems please give your name and relationship to the person with the medical problems.

Signature.....Date.....

NameRelationship.....
(please print)

A letter from your Doctor is not necessary.

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