

# Medical form

## Housing needs assessment

Name

Address

Telephone

Email

Application reference number:

## **Please read the information below carefully before you complete this form**

Medical conditions alone will not guarantee medical priority to be rehoused. There must be evidence to demonstrate that that your current medical conditions are made worse by living in your home.

Please note that medical priority is not generally awarded for overcrowding. Issues related to damp, lift breakdown, pest infestation, anti-social behaviour or neighbour disputes need to be referred to your landlord or housing officer to resolve.

This medical application informs housing of what difficulties you are experiencing in your current home due to your medical condition or disability. For customers who are homeless a medical application helps us to determine whether you are vulnerable according to housing legislation.

You should only fill out this form if:

- Your medical conditions or disability are severe and permanent which are made worse by your current property
- You are unable to safely access the community and/or essential facilities in your home due to your medical conditions or disability
- You are homeless and have a health problem

A separate form needs to be completed for each family member that wishes to apply for rehousing on medical grounds. Any medical decision regarding medical rehousing priority made will apply to the household.

If you have any current medical supporting evidence such as GP medical or Hospital Discharge summaries, Consultant letters, Occupational Therapy or Physiotherapy reports, please include copies of these with this form.

If you are in temporary accommodation provided by Islington Council and you have a medical condition, this does not mean that you will be automatically given points to bid.

**1. Tell us about the health problems – this could be you or someone you live with**

Name of the person with the health problem:

Their age:

Relationship to you?

What are your or your family member's diagnosed medical conditions or disability? Please tell us more below. If there is more than one medical condition or disability please list these in order of priority.

**Condition 1:**

<b>Medical condition</b>	
<b>Date of diagnosis</b>	
<b>Current treatment</b>	
<b>Future treatment</b>	
<b>Medication</b>	
<b>Any previous or planned hospital admissions</b>	
<b>Name of the treating professional (GP/Consultant/OT/Physio)</b>	

**Condition 2:**

<b>Medical condition</b>	
<b>Date of diagnosis</b>	
<b>Current treatment</b>	
<b>Future treatment</b>	
<b>Medication</b>	
<b>Any previous or planned hospital admissions</b>	
<b>Name of treating professional (GP/Consultant/OT/Physio)</b>	

**Condition 3:**

<b>Medical condition</b>	
<b>Date of diagnosis</b>	
<b>Current treatment</b>	
<b>Future treatment</b>	
<b>Medication</b>	
<b>Any previous or planned hospital admissions</b>	
<b>Name of treating professional (GP/Consultant/OT/Physio)</b>	

Any other medical relevant information?

**If you are not homeless**, please state how you feel your disability or health problems make your current home difficult to live in.

Please note that difficulties arising from overcrowding affect a very large number of households in Islington and additional medical priority will generally not be awarded for problems relating to overcrowded accommodation. Problems relating to the condition of your home e.g. damp, lift breakdown or rodent infestation, or problems due to anti- social behaviour or neighbour problems should be referred to your landlord or housing manager to resolve.

**If you are homeless**, please state how your disability or health problems are affected by your homelessness.

## 2. Tell us about where you live (put an X in the box)

Are you currently:

<b>A council tenant</b>		<b>A housing association tenant</b>	
<b>A private tenant</b>		<b>Owner-occupier</b>	
<b>Homeless*</b>		<b>Living with friends or family</b>	

\*If you are homeless and not living in temporary accommodation please go to **section 3**.

What type of property do you live in?

<b>Room in a shared home</b>		<b>House</b>	
<b>Self-contained bedsit</b>		<b>Hostel or hotel</b>	
<b>Flat</b>		<b>Other (please state below)</b>	
<b>Maisonette (flat with stairs inside)</b>			

How many bedrooms do you and your household have use of in your current home?

\_\_\_ bedrooms

How many toilets does your household have use of?

\_\_\_ toilets

### 3. Tell us about your ability to get around and do things

If your medical problem does not prevent you from getting about or doing daily tasks please go to **section 4**.

Circle the answers below that apply to you

Do you have difficulties walking? **Yes No**

Please explain

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Do you have difficulties managing stairs? **Yes No**

Are there any stairs to access your property? **Yes No** Details \_\_\_\_\_

If you answered yes, how many stairs are there? \_\_\_\_\_ Is there a lift? **Yes No**

Are there any stairs inside your property? **Yes No**

If you answered yes, how many stairs are there? \_\_\_\_\_ Is there a stairlift? **Yes No**

Do you require walking aids indoors? **Yes No** Details \_\_\_\_\_

Do you require walking aids outdoors? **Yes No** Details \_\_\_\_\_

Do you require a wheelchair indoors? **Yes No**

If you answered yes, is this powered or self propelling

Do you use a mobility scooter outdoors **Yes No**

Have you seen or are on a Physiotherapist waiting list for any walking difficulties? **Yes No**

Details

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Do you have difficulties accessing your property? **Yes No**

Details

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Do you have assistance accessing the community? **Yes No**

Details

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Do you difficulties accessing essential facilities within your home (i.e. having a wash, accessing the toilet, preparing food)? **Yes No**

Details \_\_\_\_\_

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Have you had an assessment or are on a waiting list to see an Occupational Therapist for any difficulties at home? **Yes No**

Do you have any equipment or adaptations at home to assist you? **Yes No**

Details

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Do you have a formal carer? If so please provide a copy of your care plan, if not please provide the details of your Social Worker

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Do you have an informal carer? If so what do they provide assistance with? Is your informal carer receiving a carer's allowance? Please provide evidence of any carer's assessment

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#### 4. Authorisation

In order to make a decision we may need to gain further information from your treating professionals. We require your consent to do so. Please complete the details below.

##### Authorisation to release medical information.

<b>GPs name:</b>	
<b>Email Address:</b>	
<b>Tel:</b>	

<b>Treating professional's name:</b>	
<b>Email address:</b>	
<b>Tel:</b>	

<b>Treating professional's name:</b>	
<b>Email address:</b>	
<b>Tel:</b>	

<b>Customer's name:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Hospital numbers:</b>	

I give my permission for the London Borough of Islington and its medical advisor to obtain further information from my GP or other health professional.

Signed:

Date: / /

Parent/ Guardian of:



**Housing Solutions Team**

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