

Name:

Please read these notes before completing this form.

- 1) We will assess if medical points should be awarded based on whether or not rehousing can significantly alleviate the medical condition(s) stated in this form.
- 2) Only one member of a household will be awarded medical points.
- 3) Points are awarded as follows:

Category A: Urgent medical priority	20 points
Category B: Serious medical priority	10 points
Category C: Significant medical priority	5 points
Category D: Medical priority refused	0 points
- 4) Please complete the medical form as thoroughly as possible so that a full assessment can be made. Include any supporting evidence you may have e.g. a letter from your GP, Support Worker or Social Worker etc.
- 5) Ensure that you give your telephone number so that we can contact you for further information if we have to.
- 6) Please give the full name and address of your doctor as we may wish to contact him/her.
- 7) If you are taking medication, please include the name of the medicine, the dose and the frequency you have to take it.
- 8) We will contact you after your application has been assessed. We will tell you if you have been awarded any medical points. This will be approximately 3 weeks after you have returned your medical assessment form to us.

Clydebank Housing Association Ltd

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Section 1: Information About the Person with the Medical Condition

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please select)
Address	
Contact Telephone No.	
Date of Birth	
Relationship to Main Applicant	

Section 2: Medical Details

1. What is your medical condition?
2. Please describe how your present house is unsuitable for your medical condition.
3. Is your medical condition temporary or permanent? Please give details:

4. Are you currently taking any medication? If yes, please give details:

5. Do you have any difficulty with walking?

Yes No

If yes, do you use any of the following aids (please tick appropriate box):

Walking Stick Crutches

Zimmer Frame Wheelchair

6. Does your current home have any special equipment, aids or adaptations? For example, handrails, bath aids, level access shower or similar.

Yes No

If yes, please give details:

7. Are you currently waiting on any special equipment being fitted?

Yes No

If yes, please give details:

8. Can you manage stairs?

Yes No

If yes, how many can you manage comfortably?

1-6 7-20 Any

9. Does the heating in your current property affect your health?

Yes No

If yes, please give details:

10. Does your condition mean that you need an extra bedroom?

Yes No

If yes, please give details:

Section 3: Your Present Accommodation

1. How many bedrooms are there in your current accommodation?

2. What type of house do you live in (e.g. flat, semi, multi storey etc.)?

3. Do you have gas or electric heating?

4. Do you have a bathroom on the same level as your living area?

Yes No

5. Does your house have internal stairs?

Yes No

6. Are there any outside stairs or steps to your house?

Yes No

If yes, please tell us how many stairs there are:

1-6 7-20

7. Do you have a garden?

Yes No

8. Please describe the location of your house (e.g. in a hilly area, level site etc.)?

9. What floor level is your home on (e.g. 1st floor, 2nd floor, ground floor etc.)?

Section 4: Other Information

1. What is the name and address of your family Doctor (GP)?	
Doctor (GP)	
Address	
Contact Telephone No.	

2. Is there anyone who is providing you with regular care and support?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:	
Name	
Address	
Contact Number	
Please detail the support this person provides you with	

Name	
Address	
Contact Number	
Please detail the support this person provides you with	

FOR OFFICE USE ONLY

Date Received:		Grade Awarded:	
Processed By:		Letter Issued:	
HAF Number:			

Housing Recommendation

<p>Suitable for wheelchair use <input type="checkbox"/></p> <p>No internal stairs <input type="checkbox"/></p> <p>Gas heating only <input type="checkbox"/></p> <p>Extra bedroom <input type="checkbox"/></p> <p>Level access (ground floor) <input type="checkbox"/></p> <p>Ground floor accommodation only (with a maximum of 6 stairs) <input type="checkbox"/></p> <p>Ground floor and above <input type="checkbox"/></p> <p>Flat with lift <input type="checkbox"/></p> <p>Other comments:</p>	<p>Officer Notes:</p>
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Assessment

Priority A	<input type="checkbox"/>	Urgent - 20 points
Priority B	<input type="checkbox"/>	Serious - 10 points
Priority C	<input type="checkbox"/>	Significant - 5 points
Priority D	<input type="checkbox"/>	Priority Refused

Assessed by:	Date:
Authorised by:	Date: