



Medical Assessment Form

Kingston Housing Partnership

All the members of the Kingston Housing Partnership will have access to the information provided on this form if you are being considered for rehousing by one of the partners.

One of these forms should be completed for each member of your household who has an illness or disability that can be helped by moving to alternative accommodation.

Who should complete the form?

The person who has ill health should complete the form themselves, unless they are a child under 16, or need assistance.

Is a doctor's letter needed?

No, the details given on this form will be considered by the Council's Medical Adviser, who will contact your GP/Specialist, if necessary. It is important for the Medical Adviser to have as much information as possible. Please make sure you answer every question on this form. If you need help with answering any of these questions, please contact the Allocations Team, who can give you advice.

What will happen next?

Completed forms should be returned to the Allocations Team in the Housing Department. The Medical Adviser will make one of the following recommendations:

- (i) More information is required before an assessment can take place.
- (ii) No medical priority (this will not affect your application).
- (iii) Medical Priority (equivalent to band C).
- (iv) High Medical Priority (equivalent to band B).
- (v) Overriding Medical Priority (exceptional cases only - equivalent to band A).

We will notify you of the outcome of the assessment in writing.

What should I do if my medical circumstances change?

If someone's circumstances change and there is **new information** that has not already been considered, please complete a new form. You should make clear how the situation has altered so that the Medical Adviser can re-assess your case.

PERSONAL DETAILS (Please complete in BLOCK CAPITALS)

Information given in this section will be treated in strict confidence

Name	<input type="text"/>	Address	<input type="text"/>	
Date of Birth	<input type="text"/>	<input type="text"/>		
Telephone (W)	<input type="text"/>			
Telephone (H)	<input type="text"/>			

Name of person who is disabled/has ill health if different to above

Name	Age	Relationship (to you)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the nature of the medical problem

Please list the names of any tablets/medicines prescribed by your doctor and how often you are taking them. (The name will be on the label)

What is the name, address and telephone number of your doctor?

Name Address

Telephone

If you are receiving treatment from a hospital doctor, please give their name, address and telephone number

Name Address

Telephone

PRESENT ACCOMMODATION

Do you live in a:

Bungalow	<input type="checkbox"/>	Flat (with lift)	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
House	<input type="checkbox"/>	Flat (without lift)	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
Maisonette (with lift)	<input type="checkbox"/>	Boat	<input type="checkbox"/>	<input type="text"/>	
Maisonette (without lift)	<input type="checkbox"/>	Caravan	<input type="checkbox"/>	<input type="text"/>	

Which floor do you live on?

Basement Ground First Second Third or higher (please specify)

Do you have:

A steep approach to your property? YES NO

Steps outside the front door? YES NO If YES, how many

Stairs inside the property? YES NO If YES, how many

What sort of heating do you have?

I do not have any heating Central Heating Warm Air Heating (gas or electric)

Individual fires (gas or electric) Other (please describe)

Do you have an inside toilet?

YES NO

Is it on the same floor as the rest of your accommodation? YES NO

Do you have the use of a bath or shower?

Bath YES NO

Shower YES NO

How far away are your nearest shops? (eg post office, food shop, chemist)

Can you reach these easily by walking or by public transport or a car? YES NO

MEDICAL INFORMATION

How do medical problems/disability affect you in your present home?

(please continue on a separate sheet if necessary)

How could these difficulties be helped by rehousing?

Is part of the home not being used due to ill health and if so, why?

Have any special adaptations been made to your home for the benefit of the person with medical problems? (please give details)

Is the person who is disabled or has ill health registered disabled? YES NO

If YES, does that person: (please tick all relevant boxes)

Use a wheelchair Use a walking stick Walk unaided

Use a walking frame Use a mobility scooter

How far can the person who is disabled or has ill health walk?

Not at all Around the home Walk unaided

A short distance (how many yards/metres)

How many stairs can the person who is disabled or has ill health manage?

None A few One flight (approx 12 stairs) More than one flight

Has the person who is disabled or has ill health been admitted to hospital recently?

No In the last year In the last 6 months In the last two years

If yes, which hospital and what was the reason for the admittance?

