



# Medical Self-Assessment Form

## Application for assessment on medical grounds

Fill in this form if your current accommodation is unsuitable for you or someone you live with due to a medical condition or disability.

Social or welfare issues are not considered on this form.

Please read the guidance notes before filling out this form and contact us if you are uncertain about anything.

## Section A - Your details

**1. Your tenancy reference number:**

Title	Mr <input type="text"/>	Mrs <input type="text"/>	Miss <input type="text"/>	Ms <input type="text"/>	Other (please specify) <input type="text"/>
Surname					
First name(s)					
Address	Postcode				
Contact number					
Date of birth					

**2. Details of all members of the household who require medical assessment on medical grounds:**

Name	Relationship to applicant	Date of birth
		/
		/
		/
		/

## Section B - Medical assessment

**1. Please provide details of the diagnosed medical condition or disability you or members of your household suffer from:**

Name	Medical condition and/or disability

**2. Do you or members of your household take prescribed medication for the illness or disability?**

Yes ☐ No ☐

If **yes**, please give details below:

Name	Name of medication	Dosage	How often is this taken?	When was the medicine first taken?

Please continue on separate sheet of paper if needed

**3. If you or members of your household are receiving any other treatment, please give details below:**

Name	Treatment

**4. Is anyone in the household registered disabled?**

Yes ☐ No ☐

If **yes**, please give their name and registration number:

Name	Registration number

**5. Does anyone in the household use a wheelchair?**

If **yes**, please tick one of the following:

Yes ☐ No ☐ Inside ☐ Outside ☐ Both inside and outside ☐

If **yes**, please give their name below:

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**6. Does anyone use crutches or a walking stick?**

If **yes**, please give their name and tick the relevant statement below:

Yes ☐ No ☐ Inside ☐ Outside ☐ Both inside and outside ☐

**7. Has your home been adapted in any way to assist you or members of your household with day-to-day living?**

Yes ☐ No ☐

If **yes**, please give details below:

**8. Do you or members of your household receive assistance from social services, the community mental health team or any other agencies?**

Yes ☐ No ☐

If **yes**, please give details below:

Name	Name of organisation or person providing support	Contact number

**9. If your current accommodation makes your disability or the disability of a member living in your household worse. Please explain below:**

**10. Have you or members of your household been admitted to hospital as a direct result of the illness or disability?**

Yes ☐ No ☐

If **yes**, who was it and how many times have they been admitted in the past three years?

Name	Number of years
<input type="text"/>	<input type="text"/>

Date of last admission

**11. Are you or members of your household awaiting surgery in relation to this illness or disability?**

Yes ☐ No ☐

If **yes**, what is the date for surgery?

**12. Are you or members of your household able to walk up stairs?**

Yes ☐ No ☐

If **yes**, how many flights 1 ☐ 2 ☐ 3 ☐ 4+ ☐

**13. Is there any problem with you or members of your household using a lift?**

Yes ☐ No ☐

If **yes**, please give details:

## Section C - Your details

Please tick as appropriate:

### 1. What type of property do you currently live in?

Bedsit ☐ Maisonette ☐ House ☐ Bungalow ☐ Flat ☐ Hostel ☐

Other ☐ If other please specify:

### 2. How many people live in your property?

### 3. How many people need to move due to illness or disability?

### 4. Do you have access to a garden?

Yes ☐ No ☐

### 5. How many bedrooms are in your household?

### 6. How many bedrooms are spare in your household?

### 7. How many toilets are in your household and are they located upstairs or downstairs?

### 8. How many stairs or steps do you have to walk up inside your household?

### 9. How many steps do walk up to reach your front door?

### 10. Is there a lift facility available in your property?

Yes ☐ No ☐

### 11. What form of heating do you have in your property?

Gas ☐ Electric ☐ None ☐ Other ☐

### 12. Have you or your family member(s) ever had home improvements under the Disabled Facilities Grant Scheme?

Yes ☐ No ☐

If **yes**, please specify:

### 13. Is your household currently being considered for home improvements?

Yes ☐ No ☐

If **yes**, please give details:

## Section D - Doctor's details

### 1. Please provide details required below:

Your doctor's name	
Address	<div></div> <div></div> <div></div> <div></div> <div>Postcode</div>
Contact number	

### 2. Please give details below and attach any additional information relating to your medical treatment: e.g. Occupational therapy report

## Applicants authority to release information

I give permission for Viridian and their medical adviser to obtain further information about my medical condition from my GP, or any other professional referred to in this form.

Signature

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Date signed

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