



CONFIDENTIAL

Notting Hill Genesis Medical Self Assessment Form

Please complete the form in full. If you do not, it could delay your application for housing. Tick or write your answers in the appropriate boxes provided.

Any further information that you can provide to support your application should be supplied alongside this form. Doctors' letters are an example of this (*Please note that some doctors may charge you a fee for retrieving a letter). Medical priority will not be awarded for the following: pregnancy; overcrowding; minor illness such as colds, flu etc; if your home is damp or is otherwise in poor condition; if you are adequately housed.

1. Applicant

Locata
Identification No
(If known)

Title

Mr

Mrs

Miss

Surname

First Names

Date of Birth
Year

Day

Month

Address

Postcode

Telephone Number

Home

Work

Mobile



2. Details of member of household applying for assessment

Title Mr Mrs Miss

Surname

First Names

Date of Birth Day Month

Year
Relationship to Member

If there is more than one member of the household with a medical condition please use a separate medical self-assessment form.

3. About your home

Type of home you live in Flat House Maisonette Bungalow
 Bedsit Other

Number of bedrooms

How many stairs are there inside and outside your home?

Inside Outside

If you have a flat or maisonette which floor is your front door on?

Is there a lift? Yes No

On which floor is your bathroom?
Your WC?



4. About your health / mobility

If you, or any member of your household has a disability or illness, please give details below. Please also say how you or any member of your household is affected by your current housing situation and how rehousing you or any member of your household would improve the medical condition(s).

Continue on a separate sheet if necessary.

If you or any member of your household is receiving medication for any medical condition(s) please give details including how much you take and how often per day:

If you are receiving treatment for your medical condition(s) please give details: _____

Date of last visit to doctor or hospital: _____



If you or any member of your household has a mobility difficulty please tick one of the following statements in the box provided:

* I use a wheelchair all the time

* I don't need to use a wheelchair all the time but I cannot climb steps or stairs at all

* I walk with difficulty but I can manage one or two steps

Has your property been adapted in any way to help you or any member of your household? If yes please tell us what has been done _____

If your answer to the above is no, how does your current property restrict your mobility? _____

5. Support Service

If you have provided supporting documents with your application from a support service: For example an occupational therapist, social worker or health practitioner etc. Please give their contact details below in the event of any queries.

Name, Address, occupation and contact number



Please state briefly their involvement _____

Name contact number and Address of your Doctor / consultant (if any)

Please state briefly their involvement



6. Previous assessment

Have you been previously assessed for medical priority with us before?

Yes No

If yes, please tell us the date and describe how your condition/situation has changed since then _____

7. Please complete the following details of those to be rehoused with you, including yourself

Surname	First Names	Male/ Female	Date of Birth	Relationship to prime member

8. Your Statement

I/We declare that to the best of my/our knowledge the information given on this form is true and correct. I/We will notify Notting Hill Genesis of any changes to my/our medical circumstances. I/We understand that knowingly giving false statements could result in legal action taken against me/us.

Your Signature

Your Partner's Signature (if applicable)

Date



AUTHORITY TO OBTAIN MEDICAL INFORMATION

Please sign the declaration to say that you have given your permission for us to contact any support or health services whose contact information you have provided above in the event that we have a query about the supporting information they have provided.

Please note that we will not normally contact health or support agencies. If you wish us to consider evidence in support of your application it is your responsibility to get this from them and include it in your application.

I hereby authorise the disclosure of all relevant medical information about my physical and/or mental health to Locata's Medical Advisor and/or to my Housing Officer in connection with my/my households housing application.

Patients Name: _____

Patients Signature: _____

Date: _____

Where patient is under 16 years of age, this should be signed by the parent or guardian.

Please return this form to your Housing Officer
