



MEDICAL ASSESSMENT FORM

NAME:

FOR OFFICE USE ONLY:			
Date Received:		Grade Awarded:	
Processed By:		Letter Issued:	

**PLEASE READ THESE NOTES BEFORE
COMPLETING THIS FORM**

The key principle of assessing for medical points is that the medical condition itself will not be assessed, but whether rehousing can significantly alleviate the condition.

Only one member of a household can be awarded medical points. If more than one person has a medical condition, please complete a form for each one and the person who is likely to have the highest points awarded will be assessed.

Points will be awarded as follows:

Priority A: Extreme	50 points
Priority B: Serious	30 points
Priority C: Significant	10 points
Refused	0 points

Please complete the medical form as thoroughly as possible so that we can assess points as accurately as possible.

If you are taking medication, please include the name of the medicine, the dose and the frequency you have to take it.

We will contact you after your application has been assessed and will tell you how many medical points you have been awarded and how many points in total you have. This will be approximately 2 weeks after you have returned your medical assessment form.

If you have any difficulty reading or writing or are visually impaired or need help in completing the form, please contact us where a member of staff will be pleased to give you advice and assistance.

All applications will be treated confidentially and fairly.

**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 Housing Applicant	

**SECTION 2
MEDICAL DETAILS**

1. What is your medical condition?

- 2. Please describe how your present house is adversely affecting your health.**

- 3. Is your 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

Zimmer Frame

Crutches

Wheelchair

6. Have you been provided with any aids to daily living (ie. handrails, bathing aids) or have any adaptations carried out to your present home as a result of your medical needs?

Yes No

If yes, please give details:

7. Can you manage stairs?

Yes No

If yes, how many can you manage comfortably?

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

Yes No

If yes, please give details:

9. Does your condition mean 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?

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. Is there level access to your house?

Yes No

If no, please tell us how many stairs there are:

7. Do you have a garden at present?

Yes No

8. Please describe the location of your house (ie. in hilly area, level site, etc)

SECTION 4 OTHER INFORMATION

1. What is the name and address of your family Doctor (GP)?

Doctor (GP)	
Address	
Contact Number	

2. Is there anyone who is providing you with regular care and support?

Yes No

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.	

3. Do you have an Occupational Therapist, Social Worker or Specialist?

Yes No

If yes, please give details:

Name	
Address	
Contact Number	

4. Is there anything else that you would like to add in support of your application?

SECTION 5 DATA PROTECTION

Declaration

I hereby give permission to Knowes Housing Association to ask my family Doctor (GP), my hospital Doctor/Consultant, and any other agencies with an interest in my health for further information.

I understand that this information will be treated in the strictest confidence and that it will only be used to assess my request for medical priority for rehousing.

Signed:	
Date:	

SECTION 6 CONTACT DETAILS

Knowes Housing Association Limited
10 Field Road
Faifley
Clydebank
G81 5BX

Tel: 01389 877752

Email: info@knowes.org

Website: www.knowes.org

Knowes Housing Association Limited is a charitable organisation
registered under Scottish Charity No: SCO27466

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<u>Housing Recommendation</u>		
Suitable for wheelchair use	<input type="checkbox"/>	
No internal stairs	<input type="checkbox"/>	
Gas heating only	<input type="checkbox"/>	
Extra bedroom	<input type="checkbox"/>	
Level access	<input type="checkbox"/>	
Ground floor accommodation only (with maximum of 6 external stairs)	<input type="checkbox"/>	
Ground floor and above	<input type="checkbox"/>	
Other comments		
<u>Assessment</u>		
Priority A	<input type="checkbox"/>	Extreme – 50 points
Priority B	<input type="checkbox"/>	Urgent – 30 points
Priority C	<input type="checkbox"/>	Significant – 10 points
	<input type="checkbox"/>	Priority Refused

<u>Reason for Decision:</u>
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Signed: Date:

Authorised by: Date: