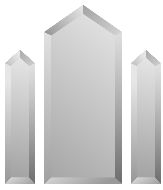

SHETTLESTON HOUSING ASSOCIATION

For office use

Date:

Ref:

COC date:

Application for Medical Priority

Please answer all questions using BLOCK CAPITALS and tick (✔) boxes as required.
The information you provide will be treated as STRICTLY CONFIDENTIAL.
If you would like help filling in this form, please do not hesitate to ask.

1. YOUR PERSONAL DETAILS

Surname: Title (Mr, Mrs, Miss, Ms):

First names: Date of birth:

Address: Flat position:

Postcode:

Home tel: Mobile tel: Work tel:

Are you in receipt of Disability Living Allowance Mobility Component? ☐ YES ☐ NO

If YES, please return proof of your award with this form.

If NO, you will require to have a medical form completed by your doctor. This form will be forwarded to you on receipt of your Medical Application.

Type of home ☐ Flat ☐ Bungalow ☐ House ☐ Maisonette

If none of these, please specify:

Please tell us what health problems you have (or anyone else in your household):

Would you prefer to stay in your home if you could? ☐ YES ☐ NO

The following questions will give you the chance to tell us how your housing affects your health.

2. GETTING AROUND YOUR HOME

Do you have difficulty walking?

☐ YES ☐ NO

☐ Some difficulty

If YES, do you use any of these to help you get around?

☐ Walking stick
☐ Walking frame
☐ Wheelchair

If you use a wheelchair, do you use it indoors or outdoors?

☐ Both ☐ Outdoors only

Do you have any difficulty with stairs inside or outside your home?

☐ YES ☐ NO

If YES, please tell us what problems you have with stairs:

Please indicate how many stairs there are

Inside: ________ Outside: ________

Are there handrails on the stair?

☐ YES ☐ NO

Are they on one side or both sides?

☐ One side ☐ Both sides

How many stairs would you be able to manage easily?

____

Do you already have, or do you need any equipment to help you with the stairs?

☐ YES ☐ NO

If YES, please describe this equipment:

3. BATHROOM

What does your bathroom have?

☐ A bath
☐ A shower over the bath
☐ A separate shower unit
☐ A wet floor area

Do you have any difficulty using the bath, toilet or shower?

☐ YES ☐ NO

If YES, please tell us about it:

Do you have to go upstairs to the:

☐ Toilet ☐ Bathroom ☐ Bedroom

4. BEDROOM

Does your illness or disability mean you need an extra bedroom? ☐ YES ☐ NO

If YES, please tell us why you need it:

5. HEATING

What sort of heating do you have?

What sort of heating would you prefer?

If you have any other comments on heating or ventilation in your home, please note them here:

6. DAMPNESS

Does your home have any dampness? ☐ YES ☐ NO

If YES, and it affects your health, please tell us about it:

7. SHOPS AND TRANSPORT

Do you go to the shops alone? ☐ YES ☐ NO

How do you get there? ☐ Walk ☐ Bus ☐ Car ☐ Taxi

Do you have difficulty getting to the shops and other places? ☐ YES ☐ NO ☐ Some difficulty

Please tell us what these difficulties are:

8. OTHER HEALTH PROBLEMS

If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help?

9. HOSPITAL

Do you regularly attend a hospital or clinic? ☐ YES ☐ NO

If so, which hospital/clinic?

What is your consultant's name?

10. FAMILY DOCTOR

What is your doctor's name?

Address:

Postcode:

Tel:

If you get regular support from anyone else, such as a district nurse or occupational therapist, please give their name and address, if possible:

11. MEDICALLY SUITED STOCK

The Association has a list of Medically Suited Stock. These properties are for ground floor and first floor only.

What floor height do you consider would best suit your Medical Need? ☐ Ground floor ☐ First floor

Do you have any preference in the property type you are willing to consider? ☐ Ground/first floor ☐ Main door

12. GETTING FURTHER INFORMATION

If we require any further information about your health, do we have your permission to contact any of the above people? ☐ YES ☐ NO

Please sign your name here: Date:

Thank you for completing this form

65 Pettigrew Street, Glasgow G32 7XR
Tel: 0141 763 0511 • Fax: 0141 778 5278
Email: sha@shettleston.co.uk • Web: www.shettleston.co.uk

INVESTOR IN PEOPLE