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 or Attendance Allowance? ☐ 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.

What type of home are you currently living in? ☐ Flat ☐ Bungalow ☐ House ☐ Maisonette

If none of these, please specify:

Please tell us what health problems you have and how your current accommodation affects this (or anyone else in your household):

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:

Have any adaptions been made to your current home to help your health problems?

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. ADDITIONAL BEDROOM

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

If YES, please tell us why you need it:

If you answered YES to the above question, then this should be confirmed in writing by your GP.

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

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

5. 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:

6. 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?

7. HOSPITAL

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

If so, which hospital/clinic?

What is your consultant's name?

8. 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:

9. 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

10. 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

Please return the completed form together with any other relevant documents to SHA, Helen McGregor House, 65 Pettigrew Street, Shettleston, Glasgow G32 7XR.

SHETTLESTON HOUSING ASSOCIATION

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