

MEDICAL/DISABILITY SELF-ASSESSMENT FORM

Strictly Confidential

Please answer the following questions. Those who are suffering from an illness or disability should complete page 3 which authorises our independent Medical Adviser to obtain more information if necessary. **Please DO NOT ask your GP or consultant for a certificate or letter.**

If you wish to give any information that you would like to remain totally confidential between you and our Independent Medical Adviser, please seal the whole form in a separate envelope, writing your name and address and 'Confidential Medical Information' on the outside.

Please refer to the enclosed guidance notes for assistance in completing this form.

1 Name of first housing applicant:

2 Present address:

3 The following people included on my housing application are suffering from illness or disability which is made worse by our present accommodation. (Include yourself if appropriate):

A

Name:	Date of birth:
Nature of illness or disability:	

B

Name:	Date of birth:
Nature of illness or disability:	

4 What treatment are those named above receiving (if any) from a GP or hospital consultant? Include the names and doses of any medicines they are taking and when started.

5 How do you feel your present housing conditions affect the illness or interfere with the everyday life of any person included in your housing application?

6 Please show the type of accommodation you live in, (please tick box):

House Flat Bedsitter Other (describe)

7 Which floor do you live on? (ground, first, second etc)

How many stairs are there to the front door?

8 Do you have to climb any stairs to get to the toilet? YES NO If 'YES', how many?

9 Do you have use of a lift? YES NO

10 Please tick the following boxes to show the difficulties you or others have in your present home because of illness or disability

	You			Other people in your home		
	able to do	find it difficult	unable to do	able to do	find it difficult	unable to do
Getting in and out of the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of the bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Do you or anyone who lives with you use walking sticks or other aids? YES NO

If 'YES', is it for: outdoor use indoor use both

What type of aid(s) are used?

12 Do you or anyone who lives with you use a wheelchair? YES NO

If 'YES', is it for: outdoor use indoor use both

13 What type of property are you looking for to solve these difficulties?

14 What type of support will you need if you are re-housed? (please tick)

Careline alarm Sheltered Housing Live-in carer Adaptations for disability

Dialysis treatment Help in setting up a new home Other (please describe below)

15 Has the Occupational Therapist from the Council's Social Services Department visited to try and resolve the difficulties you are experiencing? YES NO

16 If 'YES', what was the outcome?

17 DECLARATION

The information you have given on this form may be checked by our Independent Medical Adviser who is a qualified doctor. **If you have given any false information, your housing application will be deferred for 2 years.**

I confirm that the information I have given on this form is correct.

Signed: _____ Date: _____

CONTINUATION BOX: Please use this box if you do not have enough space in any of the sections

AUTHORITY TO OBTAIN MEDICAL INFORMATION

This section must be signed only by the patient(s) mentioned in paragraphs 3A and/or 3B on the front page or opposite. A person who is entitled to act on the patient's behalf may also sign this form. I authorise my GP or Consultant to disclose medical information about me to the Richmond Housing Register's Independent Medical Adviser if necessary.

3A	Patient's name:
	Name and address of GP:
	Hospital consultant and Hospital:
	Case reference number (if known):
	Signed: _____ Date: _____

3B	Patient's name:
	Name and address of GP:
	Hospital consultant and Hospital:
	Case reference number (if known):
	Signed: _____ Date: _____

Please return this form to:

**Housing Needs Section, Housing Services, Ground Floor,
Civic Centre, 44 York Street, Twickenham TW1 3BZ**

Please contact us if you need this document in Braille, large print, audio tape, or another language

Housing Provision

Civic Centre, 44 York Street, Twickenham TW1 3BZ

Phone: 020 8891 7872/8831 6444

Minicom: 020 8891 7423

Website: www.richmond.gov.uk

If you have difficulty understanding this booklet please visit Reception at the address below where we can arrange a telephone interpreting service.

Albanian

Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

Arabic

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Bengali

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

Farsi

اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Gujarati

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.

Panjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Urdu

اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبال پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپرائیٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔