MEDICAL ASSESSMENT FORM

Main Housing Register Applicant Details			
Surname	**First Name(s)**		**Date of Birth**
Address	**Postcode**	**Home telephone number**	
Mobile telephone number			
Work telephone number			
Email address			
Housing Register number (if known / available)			

Office use only

Housing Register Number	

Information for applicants completing the Medical Assessment Form

If you or a member of your household have a long-term illness, medical condition or disability making your home unsuitable, the Certified Medical Advisor will look at your completed form and any evidence provided. They will assess your need for alternative housing, in line with the London Borough of Hammersmith & Fulham's Allocation Scheme.

You should only complete a Medical Assessment Form in one of the following circumstances:

- If you are not overcrowded but your housing is unsuitable, and the housing conditions directly contribute to causing serious ill-health.
- If your medical condition and housing situation is so severe that it meets one of the criteria for Band 1 as per London Borough of Hammersmith & Fulham's Allocation Scheme.
- If your medical condition will affect the type of property you will need to be offered to ensure that is suitable to meet your medical needs (eg. ground floor or lifted property for someone with mobility problems).

The majority of medical assessments received by the Council do not change the applicant's priority banding.

<u>Completing the form</u>

- If more than one person is applying for medical assessment, please complete a separate form for each person.
- Please answer all questions and ensure the information provided is true and complete.
- Please provide names, addresses and contact details of all medical professionals you are receiving treatment from. We may contact them directly should further information be required.
- Please provide any documentary evidence (as listed in the form) about the long-term illness, medical condition or disability to support your application.

2	Please indicate your current residential status:																			
Home owner	○	Local Authority Tenant	○	Registered Provider (Housing Association) Tenant	○	Private rented tenant	○	Living with family or friends	○	Live with partner who is Local Authority tenant	○	Live with partner who is Registered Provider tenant	○	Live with partner who is private rented tenant	○	Other	○			

If you have ticked "Other", please provide details below:

3	Property details of main applicant:								
Please circle the box that best describes your home:									
Flat ◯	Maisonet ◯	House ◯	Sheltered Flat ◯	Hostel ◯	Bed-sit ◯	Bungalo ◯	B&B hote ◯	Other ◯	
If you circled "Other", please tell us below what type of accommodation you live in:									

What floor is the front door of your home on?		If you live in a flat or maisonette, is there a lift in your block?	Y ◯	N ◯	
From the street level up, how many steps are there to enter your own front door?		How many steps are <u>inside</u> your home (from top floor to ground)?			
What floor is your bathroom on?		What floor is your toilet on?			
How many bedrooms do you and your household have access to?					

4	Please provide details of the household member applying for medical assessment:			
Surname	**First Name**	**D.O.B.**	**Do they live with you?**	
			Yes	**No**
			○	○

Have they been assessed for medical assessment by the London borough of Hammersmith & Fulham before?	**YES** ○		**NO** ○	

If Yes, please state the previous assessment date: (If you have answered No, please go to question 6)	

If Yes, how has the condition changed since the previous assessment made: (If you have answered No, please go to question 6)

5	Long term illnesses & Medical condition(s)	applies to the person named in Question 4
Please list the long-term illnesses and / or medical conditions:		
Please state how their long-term illnesses / conditions and / or mobility are affected by their current housing:		

6	Details of treatment				
Has the person (named in Question 4) seen their doctor about the illnesses / condition(s) detailed in Question 5?		Yes	◯	No	◯
Have they been referred to a hospital / clinic for specialist treatment?		Yes	◯	No	◯
What treatment is this person receiving and / or what medication has been prescribed (including dosage)?					

7	Disabilities	applies to the person named in Question 4
Please list the disabilities for the person named in question 5:		
Please state how their disabilities are affected by their current housing:		

8	Disability or physical mobility impairment	applies to the person named in Question 4					
Are you registered disabled?			Yes	◯	No	◯	
Please indicate the nature of your disability or physical mobility impairment:							
Use a wheelchair all the time			Use a wheelchair outdoors but unable to climb steps			Walks with difficulty but can manage some steps	
Yes ◯	No ◯		Yes ◯	No ◯		Yes ◯	No ◯
Has your current accommodation been adapted in any way to suit your disability and / or mobility impairment?						Yes ◯	No ◯

Please indicate the adaptation(s) that has/ have been made/fitted to your current accommodation:							
Ramp to front door	☐	Walk-in shower	☐	Grab rails in bathroom / toilet	☐	Through-floor lift	☐
Stair lift	☐	Lowered kitchen units	☐	Widened doorways	☐	Ground-floor toilet & shower	☐
Grab rails by stairs	☐	Lowered light switches	☐	Raised electrical sockets	☐	Other	☐
If you have ticked "Other", please provide details below:							

9	Personal Statement	
Please state any important information that should be known / useful when assessing this Medical Assessment Form:		

10	**Details of professional(s) working with the person named in Question 4:**		
General Practitioner - Name & Address		**Hospital Dept/ Consultant/ Social Worker/ Occupational Therapist -** Name & Address	
Telephone Number		**Telephone Number**	
Email Address		**Email Address**	
If you are working with more than one professional, please provide details:			
Name of service & Address:		**Name of service & Address:**	
Telephone Number		**Telephone Number**	
Email Address		**Email Address**	

11	Declaration & Consent

The London Borough of Hammersmith & Fulham is committed to the prevention and detection of fraud.
Please read this declaration carefully before you sign and date it. Even if someone else has filled in this form, you must sign this declaration.

- **I confirm the information given on this form is correct and complete. I agree you can check the information.**
- **I understand you have a duty to protect public money you look after. You may use this information to prevent and detect fraud, and may also share it with other organisations only for these purposes.**
- **Under section 6 of the Audit Commission Act 1998, the Council must take part in the National Fraud Initiative (NFI) data matching exercise. This means information we hold about you will be used for cross-system and cross-authority comparisons to prevent and detect fraud.**
- **We may use any information you provide in line with the Freedom of Information Act.**
- **I understand knowingly making a false statement could lead to legal action by the London Borough of Hammersmith & Fulham.**
- **I hereby consent to the London Borough of Hammersmith & Fulham being provided with information from any medical professional who has attended to me, concerning anything affecting my physical or mental health. I agree a copy of this consent has the validity of the original signature.**

Your signature	
Date	

Has this form been completed by someone not included on your housing application?	**Yes**	◯	**No**	◯

If you have ticked "Yes", please provide details below	
Name of the person who completed this form	
Relationship of this person to the main and/ or joint applicant	
Signature of the person	
Date	
Contact telephone number of this person	

12. Document Log

Please use this space to list any supporting documents you are providing with this form.

Correct documents to provide

Your GP/Doctor computer record. Any hospital and/or occupational therapy reports. Any supporting letters from your GP/ Doctor/Consultant explaining how your illness/medical condition/disability is directly affected by your current home.

Please do not provide information relating to hospital appointments, medication taken (unless part of the reports listed above) or information relating to any benefit entitlement.

13	Return instructions	

The best way to return this completed / signed form and any supporting medical evidence to:

- Upload online as part of a new application to join the housing register via www.lbhf.gov.uk/housing/housing-register
- By email: Send your scanned form and supporting evidence to housingregister@lbhf.gov.uk

Alternatively, you can return the form and evidence to:

- By post: Housing Solutions, The Economy Department, 1st floor, 145 King Street, London W6 9XY.