



250 Peat Road, Glasgow, G53 6SA
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Medical Assessment Form

All details given in this application will be treated as strictly confidential.

PLEASE COMPLETE THE FORM USING BLOCK CAPITALS

IMPORTANT: YOU DO NOT NEED TO COMPLETE THIS FORM UNLESS YOU ARE APPLYING FOR MEDICAL POINTS.

MEDICAL POINTS WILL NOT BE ALLOCATED UNLESS ALL THE RELATIVE SECTIONS ARE COMPLETED AND ANY SUPPORTING CORRESPONDANCE IS PROVIDED.

Customer Details

Title		Forename		Surname		Gender	
Date of Birth							
Current Address (include house number, street, area, city and postcode)							

If the medical points are not for you, please provide their details

Title		Forename		Surname		Gender	
Date of Birth							
Relationship to you:							

About your current home

What type of house do you currently live in (please tick)			
Flat	House	Bungalow	Other (please state):

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

Getting around your home			
Do you have any difficulties walking?	Yes	No	
If YES , do you use any of the following aids?	Walking stick		
	Walking frame		
	Wheelchair		
If you use a Wheelchair, do you use it indoors, outdoors or both	Indoors	Outdoors	Both
If you use a wheelchair, is your current house suitable for wheelchair use? If not please give a brief description why:			

Stairs			
Do you have any difficulty with the stairs in your home?	Yes	No	
How many stairs are there in your home?			
How many stairs can you manage unaided			
Do you already have or need special equipment to help with the stairs i.e. handrails	Yes	No	Please detail:
Please tell us any issues you have with the stairs:			

Bathroom		
What does your bathroom currently have?	Bath	Shower over bath
	Separate level access / step in shower	Wet floor shower room
Do you have any difficulty using the bath, shower or toilet	Yes	
	No	
If Yes , Please tell us about it,		

Bedroom	
Does your disability mean you require an extra bedroom?	Yes
	No
If Yes , Please tell us why you need this:	
<i>Please Note: If you are currently in receipt of Housing Benefit or U/C, having an extra bedroom may have some implications (i.e. Bedroom Tax) on the amount of benefit you receive to cover your rental costs. In some cases you may have an additional rent charge to pay.</i>	

Area	
Do you live in a hilly area	Yes
	No
Do you have use of a car	Yes
	No
If Yes , Please tell us how this affects your day to day activities i.e. Shopping, Doctors, etc	

Declaration - To be signed by the applicant after completion of the form

I/We hereby declare that the information given on this form is, to the best of my/our knowledge and belief, accurate and truthful.

I/We understand that if it is found that I/we have provided false information or misleading information to the housing co-operative; my/our application may be suspended. Furthermore, I/we understand that the housing Co-operative reserves the right to take legal action for the repossession of any tenancy granted on the basis of deliberately providing the false information.

In addition I/we understand that in circumstances of threatening behaviour or verbal or physical abuse aimed towards staff or committee members, the co-operative reserves the right to withdraw an offer of housing or suspend my/our application.

I/We authorise my/our landlord to obtain information on any tenancy I/we have held and to take up references considered necessary and relevant to this application.

I/We understand that any information provided will be held in strictest confidence. I also understand that any information held will not be passed on to a third party without my prior written consent.

Signed applicant		Date	
Signed joint applicant		Date	