

Medical assessment form

Name

Address

Telephone

Email

**Please read the information below carefully
before you complete this form**

A medical assessment identifies the housing needs of customers whose current accommodation is not helping their medical condition or disability. For customers who are homeless a medical assessment helps us to determine whether you are vulnerable according to housing legislation.

You should only fill in this form if:

- Your disability or health problems are severe and permanent
- Your current home makes your disability or health problems worse: or
- Your current home is difficult to manage due to disability or health
- You are homeless and you have a health problem

A form will need to be completed for each family member; however the medical assessment will be for the whole household.

Please do not ask your GP to provide additional information, however, if you already have medical letters, from your GP or hospital, at home please send copies with this form.

If you are in temporary accommodation provided by Islington Council and you have a medical condition, this does not mean that you will be automatically given points to bid.

1 Tell us about the person with the health problems

Name of the person with the health problem

Their age Relationship to you?

What is the disability or health problem? Please include the medical diagnosis if you know it.
.....

How long have you/they had this medical condition?.....

What medication has been prescribed?

Name of medication	Dosage	How often

If you are not homeless, please state how you feel your disability or health problems make your current home difficult to live in.

Please note that difficulties arising from overcrowding affect a very large number of households in Islington and additional medical priority will generally not be awarded for problems relating to overcrowded accommodation. Problems relating to the condition of your home e.g. damp, lift breakdown or rodent infestation, or problems due to anti- social behaviour or neighbour problems should be referred to your landlord or housing manager to resolve.

MEDICAL
ASSESSMENT FORM

If you are homeless, please state how your disability or health problems are affected by your homelessness.

What type of accommodation do you feel you need?

Do you (or a member of your household) have a diagnosed mental illness?

 Y N

Do you currently see a psychiatrist?

 Y N

Have you been admitted to hospital for an overnight stay as a direct result of your illness/ disability?

 Y N

(if **No** go to **section 2**)

If **Yes** please give details of last admission:

Name of hospital	
Date of admission	
Length of stay	

Are you awaiting any further treatment e.g. surgery to treat your condition?

 Y N

If **Yes** please give details

2 Tell us about where you live (tick box)

Are you currently:

A council tenant	<input type="checkbox"/>	A housing association tenant	<input type="checkbox"/>
A private tenant	<input type="checkbox"/>	Owner- occupier	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Living with friends or family	<input type="checkbox"/>

If you are homeless and not living in temporary accommodation please go to **section 3**.

What type of property do you live in?

Room in a shared home	<input type="checkbox"/>	House	<input type="checkbox"/>
Self contained bedsit	<input type="checkbox"/>	Hostel or hotel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>
Maisonette (apartment with stairs inside)	<input type="checkbox"/>	

What type of heating do you have in your home?

Gas central heating	<input type="checkbox"/>	No heating	<input type="checkbox"/>
Electric storage heating	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>
Solid fuel	<input type="checkbox"/>	

How many bedrooms do you and your household have use of in your current home? _____

How many toilets does your household have use of? _____

On what floor of your home is your toilet? _____

Do you have any equipment or adaptations in your home that you use to help you because of your health / disability? Y N

If Yes, what equipment do you have?

3 About your ability to get around and do things

If the medical problem does not prevent you from getting about or doing daily tasks please go to section 4.

How far, in meters, can you walk on the level? _____ metres

Can you use public transport?

Y N

If not, why not?

Do you use any of the following:

Walking stick		Wheelchair for outside only	
Walking frame		Wheelchair inside and outside	
Crutches			

Are you able to get in and out of the bath?

Independently		With equipment	
With help		Unable to use a bath	

How many stairs are you able to climb? _____

On what floor level is your home? _____

Is there a lift?

Y N

How many lifts in your block? _____

How many stairs do you need to climb from the street to your front door? _____

How many stairs are there inside your home? _____

4 Authorisation

We may need to get more information from your GP or other health professionals

Authorisation to release medical information.

Doctor's name:	
Address:	
Tel:	

Consultant's name:	
Hospital:	
Address:	
Tel:	

Customer's name:	
Date of birth:	
Address:	
Hospital numbers:	

I give my permission for the London Borough of Islington and its medical advisor to obtain further information from my GP or other health professional.

Signed : Date:

Parent/ Guardian of:

☎ Housing Solutions Team

PO Box 34750
London
N7 9WF

☎ Housing Options Team

PO Box 34750
London
N7 9WF

☎ advice.housing@islington.gov.uk
☎ 020 7527 2000
☎ 020 7527 6307 / 020 7527 6332
🌐 www.islington.gov.uk/housing

☎ rehousing@islington.gov.uk
☎ 020 7527 4140
☎ 020 7527 4136 Minicom 0800 073 0536
🌐 www.islington.gov.uk/housing

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2000.

Greek

Εάν θέλετε αυτές τις πληροφορίες στη δική σας γλώσσα παρακαλώ τηλεφωνήστε στο 020 7527 2000.

Italian

Se desidera queste informazioni nella sua lingua, è pregato di contattare 020 7527 2000

Somali

Haddii aad jeclaan lahayd macluumaadkan oo ku qoran luqadaada fadlan la xidhiidh 020 7527 2000

Spanish

Si desea esta información en su idioma, llame al 020 7527 2000.

Turkish

Buradaki bilgilerin Türkçesini istiyorsanız, lütfen 020 7527 2000 numaraya telefon edin.

Albanian

Nëse dëshironi ta keni këtë informacion në gjuhën tuaj, ju lutemi telefononi në numrin 020 7527 2000

French

Si vous voulez recevoir ces informations dans votre langue veuillez appeler le 0207527 2000.

Chinese (Traditional)

如果你想要這資料的中文本, 請致電 020 7527 2000 聯繫。

Arabic

إذا أردتم الحصول على هذه المعلومات بلغتكم الرجاء الاتصال ب 02075272000.

Bengali

যদি আপনি এই তথ্য গুলো আপনার নিজ ভাষায় পেতে চান, তা হলে দয়া করে 020 7527 2000 নম্বরে যোগাযোগ করুন।

Persian

در صورتیکه مایل به دریافت این اطلاعات به زبان خود هستید، خواهشمند است با تلفن ۰۲۰ ۷۵۲۷ ۲۰۰۰ تماس حاصل فرمائید.

Kurdish Sorani

بیتو نه م ناگاداریه تان به زبانی خوتان بیویست بیت تکایه بیوه ندی بکه نه نه م ره قه مه: ۰۲۰ ۷۵۲۷ ۲۰۰۰

Urdu

اگر آپ یہ معلومات اپنی زبان میں چاہتے ہیں تو برائے مہربانی اس نمبر پر فون کیجئے: 020 7527 2000