

# 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.

**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?

**Yes No**

Do you currently see a psychiatrist?

**Yes No**

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

**Yes No**

(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? **Yes No**

If **Yes** please give details

## 2. Tell us about where you live (put an X in the box)

Are you currently:

A council tenant		A housing association tenant	
A private tenant		Owner-occupier	
Homeless		Living with friends or family	

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		House	
Self contained bedsit		Hostel or hotel	
Flat		Other (please state below)	
Maisonette (apartment with stairs inside)			

What type of heating do you have in your home?

Gas central heating		No heating	
Electric storage heating		Other (please state below)	
Solid fuel			

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

\_\_\_ **bedrooms**

How many toilets does your household have use of?

\_\_\_ **toilets**

On what floor of your home is your toilet?

\_\_\_ **floor**

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

**Yes      No**

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?

**Yes No**

If not, why not?

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Do you use any of the following (Please put an X in the box):

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

Are you able to get in and out of the bath? (Please put an X in the box):

Independently		With equipment	
With help		Unable to use a bath	

How many stairs are you able to climb?

\_\_\_ **stairs**

On what floor level is your home?

\_\_\_ **level**

Is there a lift? **Yes No**

How many lifts in your block?

\_\_\_ **lifts**

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

\_\_\_ **stairs**

How many stairs are there inside your home?

\_\_\_ **stairs**

## 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

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**W** [www.islington.gov.uk/housing](http://www.islington.gov.uk/housing)

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

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