



Cumbria Choice

Choice Based Lettings MEDICAL QUESTIONNAIRE

The information you provide in this medical questionnaire will be used to assess your priority for housing.

This will be done by looking at the effects of your current housing or lack of housing on your health or disability. Priority for housing is generally only given to those with a severe and permanent medical condition or disability.

PLEASE CONTACT YOUR LOCAL HOUSING OFFICE IF YOU HAVE ANY QUESTIONS OR REQUIRE HELP FILLING IN THIS FORM.

Your personal details

Name:

Address:

Daytime tel no:

Your personal circumstances

Do you live alone? Yes No

Do you receive disability living allowance? Yes No

Care component: Low Medium High

Mobility component: Low Medium High

Do you receive Attendance Allowance? Yes No

Do you have a Carer? Yes No

Do you require an additional bedroom for a Carer? Yes No

How many hours care do they provide a day? 1-3 4-6 7-10 24

How many days a week? 1 2 3 4 5 6 7

Please give details of your Carer and/or the service that provides the care.

Name:

Address:

People we can contact about your medical condition or disability

Doctors name:

Surgery address:

Tel no:

Do you see a Consultant? Yes No

Consultant's name:

Hospital address:

Please specify any professional support you receive eg. Occupational Therapist, Social Worker

Medical condition

How does your medical condition or disability affect you?

What medical condition do you have?

What medication are you taking for the above medical condition?

How long have you been affected by your medical condition or disability?

Is your health problem or disability likely to affect you for longer than 12 months? Yes No

Are you able to climb stairs?

- I do not have a problem with steps or stairs
 Stairs are difficult but I can manage one or two steps
 I cannot manage steps or stairs at all

Have you had any falls in your current property? Yes No

If 'Yes', please provide details:

Do you use a wheelchair?

- Do not use a wheelchair
 All the time (indoors and out)
 Some of the time (usually outdoors)

Are you able to get out of your home, to go shopping for example? Yes No

Do you have any mental health problems which you feel makes your property unsuitable? Yes No

Tell us anything else about your health problems, or disability, or mental health and how this affects the suitability of your current home:

Details of your property

- Is your toilet upstairs? Yes No
- Is your bathroom upstairs? Yes No
- Is your bedroom upstairs? Yes No
- Are there steps to the property? Yes No
- If 'Yes', how many:
- Do you have a garden and can you access it? Yes No
- Do you have central heating? Yes No

Aids and adaptations

- Do you have any aids and adaptations fitted at your property? Yes No
- If 'Yes', please specify
- If aids and adaptations to meet your needs were fitted in your current home do you think you would want to remain there? Yes No
- If so what adaptations do you think you need, please specify:

Your present home

Why is your present home unsuitable?

How would moving to a more suitable property help your health and enable you to manage better than in your present home?

Please specify which type of property you need: flat; house; bungalow; maisonette; ground floor property.

Tell us anything else about your health problem or disability which will help us make a decision about your priority for help in finding a new home or adapting your existing home.

Declaration

Data Protection: the information that you have provided in this medical questionnaire is regarded as sensitive personal data by the Data Protection Act 1988. By law, you must give your explicit consent for us to use this information. The reason this information is requested is to provide a clear understanding of your housing requirements and enable an assessment to be made of how your medical conditions affect your housing need.

Please sign below to give your consent for Cumbria Choice to consult your Doctor or Consultant and to use the medical information you have given on this form in the assessment of your priority for housing.

Signed: _____ Print name: _____

Date: _____

Has this form been filled in by someone on your behalf?

Yes No

Name of person:

Relationship to you: