

Coventry Homefinder Medical Assessment Form

The medical scheme is intended to identify those people whose present accommodation is unsuitable to their medical condition or impairment. This means that medical priority will only be awarded if it can be shown that your housing situation is causing your medical condition to worsen or your medical condition could be alleviated by more suitable housing. The category of medical priority, if awarded, will be decided according to the seriousness of your situation.

Documents/ Letters Enclosed

- GP Consultant Health Visitor
- Occupational Therapist Other Please state _____

Section 1 About You

- Title: Mr Mrs Miss Ms
- Surname: _____
- First Name: _____
- Date of Birth: _____
- Address _____

- Telephone Number _____
- Please list details of all family members who require assessment on medical grounds.

Name	Relation to you	Date of Birth

Section 2 Medical Information

8. Please provide below, details of the medical condition or impairment:

Name	Medical Condition/ Impairment	How long

9. If you/they are receiving any treatment please give details below:

Name	Treatment e.g. Medication, attending hospital

Section 3 Your Present Accommodation

10. What type of property do you live in at present?

Flat House Bungalow

Maisonette Hostel Bedsit

Other - Please give details _____

If you live in a flat or maisonette, what floor do you live on? _____

11. How many people live in your property? _____

12. How many people need to move? _____

13. How many bedrooms do you have use of? _____

14. How many toilets do you have use of? _____

15. Are they located upstairs, downstairs or both? _____

16. How many stairs/steps do you have to climb inside your property? _____

17. How many stairs/steps do you have to climb outside _____
to get to your property?

18. What form of heating do you have in the Property? _____

19. Is there a lift to your property? Yes No

20. Does your medical condition allow to use a stairlift? Yes No

21. Has your property been adapted in any way Yes No
to assist you/they with day to day living?

22. If your property has been adapted, give details below

23. Do you currently have or are you being considered for home improvements under the Disabled Facilities Grant Scheme? Yes No

24. If yes, please give details below of when you applied and the result of the application?

25. Please explain how your present accommodation affects your/their medical condition/impairment? Are there any rooms which you cannot access due to any impairment you have?

26. What type of accommodation are you looking to move to? Please tick below.

- House Ground Floor Flat Bungalow
- Adapted House Adapted Flat Sheltered Flat
- Wheelchair Accessible Bungalow Other - Please state _____

Section 4 Daily tasks

27. Are you able to carry out the following daily tasks?

Daily Tasks	Yes	No	With Assistance
Dressing/undressing			
Doing the laundry			
Washing yourself			
Taking a bath			
Housework			
Preparing food/drinks			
Getting in/out of bed			
Using the toilet during the day			
Using the toilet at night			
Cooking			
Shopping			
Using public transport			
Using the telephone			
Using own transport			

28. If you have difficulty with the daily tasks described above, who usually helps you and how often?

Part 5 Mobility

If you have any mobility problems please complete this section.

29. If you have difficulty walking which of the following do you use?

- Walking Stick Walking Frame
- Motorised Wheelchair Manual Wheelchair
- Other (please described) _____

How far can you walk? _____

30. If you use a wheelchair where is it used?

- Indoors Outdoors Both

31. Do you have access to a car ? Yes No

32. If yes, who drives the car ? _____

33. Are you the holder of a disabled blue badge? Yes No

34. Do you have a disabled parking bay outside your property? Yes No

35. Please describe any parking problems?

	Their name and address	Tel No	How often do you see them?
Your doctor			
Hospital Consultant			
Support or Social Worker			
Home Carer/ Personal Assistant			
District or Community Nurse			
Health Visitor			
Community Mental Health Worker			
Occupational Therapist			
Relative			
Friend			
School Teacher			
Other			

Part 7 Benefits

Tick those benefits that you receive and also circle the rate you receive. You may be asked to provide evidence of benefits.

- Disability Living Allowance- Mobility Component - High or Low
- Disability Living Allowance - Care Component - High, Medium, Low
- Disability Working Allowance
- Attendance Allowance
- Incapacity Benefit
- Invalid Care Allowance
- Sickness Benefit
- Other _____

Part 8 Consent and Declaration

I agree that Coventry Homefinder and it's partners can seek additional information from my Doctor, other agencies or people who provide support to assist my application for housing. Yes No

I agree to the sharing of information including sensitive information that I have given, or that has been given about me with relevant agencies. Yes No

To be signed by person whose medical condition/impairment is being assessed.

Applicant's Signature _____

Other Applicant's Signature _____

Date _____

If the person is under 16, form must be signed by a parent or guardian

OFFICE USE ONLY

Banding Awarded	
Housing and People Type category	
Name of assessor and date	