



Medical Self-Assessment Form

*Applying for re-housing
under disability, health or welfare grounds*

Lodge Road, Daventry, Northamptonshire. NN11 4FP
Tel: (01327) 871100 Dx: 21965 Fax: (01327) 300011

If you need any help or assistance completing this form,
please contact the Medical Officer on 01327 302221

Officer:	Date passed to MLO:	Date returned to Officer:		
Housing Application Reference Number:				
1: Personal Details				
Title (Please tick or specify if Other)	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Other		
Age		Date of Birth	D	M
Last Name				
First Name				
Address				
		postcode:		
Contact Telephone Number				

2: Your Doctor				
Doctor's Name				
Surgery				
		postcode:		
Surgery Telephone Number				
Date of most recent appointment	D	M	YY	
Next planned appointment	D	M	YY	

3: Third Party Permission

I give my authorisation for Daventry District Councils Medical Officer to contact my Doctor and / or other professional involved in my care to gain further information in support of my housing application. If we require additional information from your doctor/other professional we will arrange this direct. We can only obtain this with your signed permission.

Signature of applicant	
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PRINT NAME	
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Date	D	M	YY
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5: Health - diagnosis and medication

Please tell us about any illness or disability you currently suffer with and approximately when you were diagnosed

Illness or Disability	Date Diagnosed

If you are undertaking support or treatment from a consultant, please complete the following:

Consultant Name:		Contact Telephone:	
Date Last Seen:		For Which Condition:	

Please tell us about any medication you are currently prescribed by your Doctor.

Name of medication and dosage	How often do you take it and for which condition?

6: Where you live now

Please tick next to the property that you currently occupy

House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Upper Floor Flat	<input type="checkbox"/>	Ground Floor Flat	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>

Other (please specify)	
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Please tick next to the facilities that are available to you in your home

Upstairs Toilet	<input type="checkbox"/>	Ground Floor Toilet	<input type="checkbox"/>
Bath only	<input type="checkbox"/>	Shower over Bath	<input type="checkbox"/>
Walk in Shower (wet room)	<input type="checkbox"/>	Stair Lift / Other Lift	<input type="checkbox"/>
Ramps to access property	<input type="checkbox"/>	Steps to access property	<input type="checkbox"/>

7: Mobility

If you are requesting to move because you feel your current home does not meet your mobility needs, please complete the following questions.

If you feel this section is not relevant to you, please go to question 8

Do you have a carer to help you with daily tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tell us who helps you and how often	 <hr/>

Do you have a Care Manager (Social Worker)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide their contact details	 <hr/>

Have you been assessed as requiring adaptations to your home (i.e. disabled facilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for adaptations to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you prefer to remain in your current home if it could be adapted to meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have difficulty walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far can you comfortably walk on flat ground?	 <hr/>
Do you need assistance when walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a wheelchair indoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a wheelchair outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any other mobility aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MISREPRESENTATION

Please read the following statement, then SIGN AND DATE BELOW

I declare that:-

- All the information I have provided on this form is true and correct to the best of my knowledge.
- No information has been omitted which may affect my housing application.
- Any change in circumstances will be immediately reported to the Housing Options Team.
- Daventry District Council has permission to contact any other agencies if it thinks fit to verify any of the information included in this application.

I understand that:-

- The giving of false information regarding my health and welfare may result in the cancellation of my application for re-housing.
- Should a tenancy be granted on the basis of false information supplied by me, the Council or Housing Association may take court action against me.
- All information provided will be treated in confidence however the Council is under a duty to protect public money and property and may use the information on this form to detect or prevent fraud. For this reason any information given on this form may be disclosed to other Government Departments Agencies, Associations and Local Authorities to enable them to carry out their functions.
- Information given on this form may be stored and processed by computer. It may be checked with other data held by the Council and may be disclosed for other purposes under the control of the Council in line with the data protection act 1998.
- A person guilty of misrepresentation as defined in Daventry District Council's Allocation Scheme 2013 can find themselves facing a fine of up to £5,000 as well as a ban from the register.

Signature

Print Name

Date

