MEDICAL NEEDS ASSESSMENT FORM

Guidance for completing this form

If you believe your current home is unsuitable for your physical medical or mobility needs then please complete this form.

You must complete **all** sections of the form, providing as much detail as possible. Ensure that you give as much information as you can on how your situation could be improved by a move to another property type.

This form is only valid if you have submitted a Housing Application Form.

Please DO NOT complete this form if any of the following apply:

- Your illness or injury is related to pregnancy and will be resolved once the baby is born.
- The illness or injury will get better with treatment (e.g. a broken bone).
- You have a temporary need for adapted accommodation (your illness or injury will improve with time/medication/medical support).
- You are in overcrowded accommodation – this will be assessed in accordance with criteria within the Choice Based Lettings Policy.
- Your property is in disrepair – if you are privately renting, you will need to contact your landlord or Environmental Health to report this.
- You do not currently live in Bassetlaw.
- You do not have a Local Connection to Bassetlaw.
- You moved into the property with pre-existing medical conditions which made the property unsuitable when you moved in.

To support this form you **must** provide the following evidence:

- Patient Summary from your GP surgery to confirm any diagnosed medical conditions
- Occupational Therapy Housing Needs Assessment from Nottinghamshire County Council.

This form will not be considered without both a Patient Summary and an OT Housing Needs Assessment.

An Occupational Therapy Housing Needs Assessment can be arranged by contacting Nottinghamshire County Council on 0300 500 8080.

When you submit this form and any relevant supporting evidence, it will be assessed by Bassetlaw District Council's Housing Registrations Team in accordance with the Choice Based Lettings Policy. If deemed necessary, your application will be referred to the Medical Panel for further advice.

Section A – Personal Details

Please complete the below details for the person applying for medical priority.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please specify	**First Name:**
Surname:	**Date of birth:**
Address:	**Postcode:**
When did you move to this address?	

Did you have your current medical conditions when you moved into the above address?	Yes ☐ No ☐
If you answered yes above, please give detail on why you moved into the property if it was unsuitable for your medical needs:	

Contact Details	
Home Phone	
Mobile Phone	
Email	

Section B – Persons living with you/moving with you

Please provide the details of all persons currently living with you.

Name	Date of birth/age	Gender	Relationship to you	Is this person moving with you
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Section C – Your Current Accommodation

Please provide details of the property you currently live in

What kind of property do you currently live in?	House ☐ Bungalow ☐ Bedsit ☐ Ground floor flat ☐	Upper floor flat ☐ Maisonette ☐ Caravan ☐ Other ☐ Please specify……
If you live in an upper floor flat or maisonette, what floor is the entrance on?		
What is your current tenure type?	Bassetlaw tenant ☐ Housing association ☐ Family/friends ☐ Lodger ☐ Tied tenancy ☐	Private tenant ☐ Other council tenant ☐ Owner Occupier ☐ Other ☐ Please specify……
How many bedrooms do you have in your current property?		

Where is the toilet in your property?	Downstairs ☐ Upstairs ☐ Both ☐
Where is the bathroom in your property?	Downstairs ☐ Upstairs ☐ Both ☐
What bathing facility do you have?	Bath only ☐ Shower over bath ☐ Level access shower/wet room ☐ Shower tray/cubicle ☐ Other ☐ Please describe: ……

How many steps are there outside your home? Include steps from the pavement to your entrance door.	
What parking facilities do you have?	Driveway ☐ Car park ☐ On road ☐ No parking ☐
Do you have a ramp to your door?	Yes ☐ No ☐

Do you have difficulty bathing?	Yes ☐ No ☐	
If no, please go to the next question.		
Please describe what difficulties you have with your current bathing facilities.		
What aids and adaptations do you currently have? Please tick all that apply.	Wet room ☐ Ramp ☐ Stairlift ☐ Handrails ☐ Additional stair rail ☐ Commode ☐ Walking stick or crutches ☐	Walking frame ☐ Toilet frame ☐ Wheeled walker ☐ Bath board ☐ Bath seat ☐ Other ☐ Please specify……

Do you use a wheelchair?	Yes ☐ No ☐
If yes, is this prescribed or self-purchased?	Prescribed by a medical professional ☐ Self-purchased ☐
Do you use your wheelchair indoors or outdoors?	Indoors only ☐ Outdoors only ☐ Both ☐

Section D – Your Medical Needs

Please list your medical conditions.

Include any diagnosed medical conditions that you have.

Medical condition	Date this condition was diagnosed (if known)

Please list what medications you are currently prescribed.

Please give the name of the medication and the dosage.

Medication and dosage	Condition this medication is taken for

How do your medical conditions make it difficult to manage your current home?

Please give as much information as possible about what you can't manage in your home.

Do you require regular assistance to do the following tasks? Please tick all that apply		
Getting dressed ☐	Cooking ☐	Cleaning ☐
Bathing ☐	Toileting ☐	Shopping ☐
Taking medication ☐	Attending appointments ☐	

Do you receive any of the following benefits? Please tick all that apply	
Incapacity/ESA ☐ Statutory sick pay ☐ Attendance allowance ☐ Disability Living Allowance ☐ Personal Independence Payment ☐	
Does anyone receive Carer's Allowance to care for you?	Yes ☐ No ☐
Please confirm who receives this and their relationship to you.	

Do you have difficulty managing stairs?	Yes ☐ No ☐	
If you have answered no, please go to the next question.		
How many steps/stairs are there inside your current home? Including stairs and any internal steps to rooms.		
How many steps could you easily manage?	None ☐ 1-2 ☐	3-5 ☐ More than 5 ☐

How far can you walk?	Cannot walk independently ☐ Inside only ☐ A very short distance outside ☐ A moderate distance outside ☐ More than ¼ of a mile ☐
Do you have a car?	Yes ☐ No ☐
Do you have a mobility scooter?	Yes ☐ No ☐

Have you had any falls recently?	Yes ☐ No ☐
If yes, when was your last fall? **What medical treatment did you receive?**	
Do you have a warden alarm service?	Yes ☐ No ☐

Section E – Your New Home

Please provide details on what kind of home would meet your medical needs.

What type of property do you think would best meet your needs?	House ☐ Adapted House ☐ Bungalow ☐	Ground Floor Flat ☐ Upper Floor Flat ☐
Please explain your reasons for this.		
How many bedrooms do you require?		
What adaptations would you require in a new property? Please tick all that apply.	Wet room ☐ Ramp ☐ Stairlift ☐ Handrails ☐ Additional stair rail ☐	Toilet frame ☐ Bath seat ☐ Other ☐ Please specify……

Do you have a regular overnight carer?	Yes ☐ No ☐
If yes, how often is this overnight care required & who is it provided by?	

Section F – Your Medical Professional(s)

Please provide details of medical professionals currently working with you.

Your GP's name	
GP surgery address	
When did you last see your GP?	
Do you receive any daily paid care? Provide company name & details of care provided.	
Do you attend any regular hospital clinics? Please provide details of what clinic, for which condition & how often.	
Do you see a Consultant? Please provide name & for which condition.	Yes ☐ No ☐
When did you last see your consultant?	

Do you have any other professionals working with you?	Yes ☐ No ☐
Name of worker(s):	
Agency worked for:	
How often do you have contact with this worker?	

Please give any other detail relevant for your medical assessment

Section G - Declaration

Please read and sign to give your permission for us to process this form.

I confirm that all information I have given within this form is correct to the best of my knowledge.

I give permission to Bassetlaw District Council to contact any relevant individual or agencies to obtain information which will support my medical needs assessment form.

I understand that if a tenancy is allocated to me on the basis of the information provided within this form and this is false, legal action may be taken against myself and/or the tenancy.

The data collected in this form will only be used for the purpose of assessing your medical need for rehousing and will only be held for the period within the Bassetlaw District Council retention policy. This data may be shared with third parties such as those detailed above DP No Z5609066. For more information, view our Privacy Policy at www.bassetlaw.gov.uk/privacy.

Please note, the person applying for medical priority should sign this form unless:

- *They are under 16 years old – in this case a person with parental responsibility should sign for them.*
- *The person signing has Power of Attorney (POA) for the applicant. Please provide a copy of the relevant POA with this form.*

Signature:	
Print Name:	
Date:	