Glasgow **Housing**
Register · Northwest

Medical Form

Charing Cross Housing
Association Ltd

Application Form

To ensure this form does not get separated from the Main Application, please provide the Main Applicant's name and contact details, along with the name of anyone included in your application who has a health problem or disability that may be eased by moving to a more suitable home.

The information requested below will help assess any care, support or medical needs within your household and to identify the most suitable housing. You may be required to provide evidence of any care and support needs.

Main Applicant

Title			
Mr	☐	Mrs	☐
Ms	☐	Miss	☐
Other	☐		
If other, please give details			
First Name			
Middle Names			
Last Name/Family Name(s)			
Address			
Line 1		Line 2	
City		Postcode	
Contact Phone No			
Work Phone No			
Mobile Phone No			
email address			

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Person with Health Problem/Disability

Name	Date of Birth
Please explain briefly the health problem or disability and how long the problem has existed.	
Health Condition	
How long have you/they had this health problem?	
Disability	
How long have you/they had this health problem?	
Tell us why you feel a move to another property will help. Please note, medical points are normally awarded if your/their condition would benefit from a move to a different property.	
Do you, or anyone living with you, need any of the following?	
A link to an emergency call system	☐
Accommodation all on one level	☐
An extra bedroomfor medical reasons	☐
Ground floor accommodation	☐
Special adaptations to your home	☐
Wheelchair access	☐
Anything else for medical reasons	☐

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Do you/they receive Support from a friend or relative?	Yes ☐	No ☐
If yes, please provide details of the name and address of the friend/relative and the support received		
Name		
Current Address		
Line 1	Line 2	
City	Postcode	
Support received		
Do you/they have any difficulty walking?	Yes ☐	No ☐
Is your/their current home wheelchair adapted?	Yes ☐	No ☐
Do you/they have difficulty with stairs either inside or outside the home?	Yes ☐	No ☐
Does your/their home have internal stairs?	Yes ☐	No ☐
If yes, how many?		
Does your/their home have external stairs?	Yes ☐	No ☐
If yes, how many?		
Are there any adaptations made to your/their home?	Yes ☐	No ☐
If yes, please provide details		
Does your/their home need further adaptations?	Yes ☐	No ☐
If yes, please provide details		

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Does your/their home have dampness?	Yes ☐	No ☐

If yes, and this affects your/their health, please provide details below

What type of heating is currently in your/their home?	
Electric	☐
Gas	☐
None	☐
Other	☐
Solid Fuel	☐

What type of heating would you/they prefer?	
Electric	☐
Gas	☐
None	☐
No Preference	☐
Solid Fuel	☐

If the present heating system causes you/them health problems, please provide brief details

Does the person being assessed have difficulty with any of the following?

	No Difficulty	Some Difficulty	Great Difficulty	Assistance Required
Housework	☐	☐	☐	☐
Shopping	☐	☐	☐	☐
Preparing meals	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Getting in and out of bath	☐	☐	☐	☐
Getting on/off the toilet	☐	☐	☐	☐
Getting dressed and undressed	☐	☐	☐	☐

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If you/they have a garden, can you/they maintain it?	
Yes	☐
No	☐
No Garden	☐

Please provide the name and address of your/their doctor and that of any other health care professional with who you/ they have had recent contact. We may need to contact them. Doctor's name, address and telephone number:	
Name	
Address	
Line 1	Line 2
City	Postcode
Phone No.	

Is there another doctor or health care professional who we can contact?	
Name	
Address	
Line 1	Line 2
City	Postcode
Phone No.	
Do we have the permission of those claiming a care/support/medical condition or disability to contact any of the above health care professionals if we need more information regarding the applicant?	Yes ☐ No ☐

I hereby authorise the landlord(s) to whom I am applying to seek any further information they may require regarding the medical condition/disability from the above named health professional(s) to fully assess the housing application.

I understand this information will be used solely for the purpose of assessing my housing application and may be shared by other landlords within the Glasgow Housing Register North West with whom I have expressed an interest.

Signature	
Date	

For a child under 16 years of age we require the confrimation of parent / guardian or other authorised person.

Signature	
Date	

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