



**Medical Assessment Form**

You should complete all sections, providing as much information as you can. Please demonstrate how the medical condition would be improved by a move.

We will then determine how your medical needs are affected by your housing situation

**This process normally takes approximately four weeks.**

<b>Section A</b>	<b>Person Applying for Medical Priority</b>
First Name:	Family Name:
Telephone No.:	Date of birth: / /
Full Address:	
When did you move to your present address:	

<b>Section B</b>	<b>Details of Your Household</b>
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Name	Date of Birth	Gender	Relationship to applicant	Will move with you Y/N

<b>Section C</b>	<b>Details of your Present Accommodation</b>
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In what type of property do you currently live? (please circle one)

Bedsit      Flat      Maisonette      House      Bungalow      Caravan

Hostel      Other (please give details) \_\_\_\_\_

How many bedrooms do you have in your property?	
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How many steps do you have to climb inside your property?	
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How many steps do you have to climb outside your property?	
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Do you have difficulty climbing stairs or steps?	Yes or No
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If Yes, how many steps could you easily manage?	
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What toilet facilities do you have in your present property?

Circle all that apply:-

Downstairs toilet?      Upstairs toilet?      Level access shower / Wet room ?

What bathing facilities do you have in your present property?

Circle all that apply:-

Bath?      Shower over bath?      Separate shower unit?

Do you have difficulty using the toilet, bath or shower?	Yes or No
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If Yes please describe:	
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Do you need a separate/extra bedroom because of your medical condition?	Yes or No
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If Yes, please tell us why?	
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Do you have adequate heating in your present property?	Yes or No
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If No, please give details	
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<b>Section D</b>	<b>What is the Medical Condition(s) Affecting you?</b>
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Describe your medical condition(s):

Has your medical condition changed since your last house move:

YES      NO

How (if at all) does this condition(s) make living in your current accommodation difficult?

How (if at all) does the current accommodation make your condition(s) worse?

<b>Section E</b>	<b>Your Medication and Your Benefits</b>
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List all the medications that you take:

Do you receive any benefits for your ill health and/or disability? Yes or No

If yes, please state which benefits you receive:

<b>Section F</b>	<b>Type of Accommodation You require</b>	
Describe the accommodation that you think would best suit your needs:-		
Is ground floor accommodation required?		Yes or No
Is sheltered housing required?		Yes or No
Is your <b>present property</b> adapted to meet any of your needs? If Yes, please give details of the adaptation:- (grab rails or chair lift, etc..)		Yes or No
Do you need to be closer to local amenities?		Yes or No
If yes, please give some details:		

<b>Section G</b>	<b>Your doctor</b>
Doctor's name	
Doctor's Address	



**This Form should be returned to:**

**Shropshire Homepoint  
The Gateway  
Auction Yard  
Craven Arms  
Shropshire  
SY7 9BW**

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