

Please complete this form using block capitals

Applicant's surname

First name

Address

Application reference number

Daytime telephone number

Self Assessment Medical Form



Housing Directorate

Epping Forest District Council

www.eppingforestdc.gov.uk



Guidance on the Self Assessment Medical Form

Do you suffer from ill-health?

Does a member of your family have a health problem?

Is someone's health affected by your housing situation?

Would you like the Council to take this into account when assessing or reviewing your housing application?

If so, we need full information about the person who has health problems, and their current housing situation. The Council's Self Assessment Medical Form should be completed by the person who has the health problem, not by a GP or specialist. If a doctor writes to us as well, we will consider this information.

Fill out the form as fully as you can. Give as much information about your condition as you can, including details of any treatment and medication. Please continue on an extra sheet of paper if you need to. It is important to tell us how your health is affected by your current housing situation, and how you hope it will improve when you are re-housed. If you have difficulty with this form, ask a relative, a friend or the Citizens Advice Bureau to help you complete it.

A form should be completed for each member of the household who has health problems.

The form should be signed, dated and fully completed, or it will be returned to you. Make sure you also include any documents we have requested (such as prescriptions or letters).

When we receive your medical form, it will be discussed with the Council's Medical Officer and a Housing Officer.

You may have to wait a while to get the result because we have lots of people waiting to be assessed. You will not be asked to attend personally for examination but your GP or specialist may be contacted for more information. You will have agreed to this when you have completed and signed the form.

Preference will only be given if the health problems will have a direct effect on your future housing needs. For example, the condition could be temporary and expected to improve in the near future. It is not possible to give everyone medical preference. When the decision is made, we will write to you and let you know.

1

Your details

Your name

Address

Date of birth

Relationship to the person who made the housing application

2

Your doctor's details

The name of your GP

Telephone number

Address

3

Medical condition

Please give details of all your medical conditions and tell us how long you have been suffering from them

4

Treatment details

Do you take any medication for your condition? **Yes** **No** If Yes, please give details

1) Medication that has been prescribed for you (**copies of your prescriptions must be enclosed**):

Type	Dose	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

2) Medication you take which has not been prescribed by your GP

Date of last visit to GP or practice nurse

Number of visits in the last 6 months

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Your current housing conditions

Tell us about the property you live in now:

What sort of heating does the property have?

Does the property have steps or stairs? **Yes** **No**

If Yes, how many steps or stairs are there? (a) To the front door

(b) Within the property

Do you have difficulty with stairs? **Yes** **No**

If Yes, please explain why:

Do you need any assistance to get out of your property? **Yes** **No**

If Yes, please explain why:

Do you use any aids, for example a wheelchair, frame or walking stick? **Yes** **No**

If Yes, please give details:

Is the aid used indoors? **Yes** **No**

Is the aid used outdoors? **Yes** **No**

On what floor is your bathroom?

On what floor is your toilet?

Do you feel the property needs adaptation? **Yes** **No**

If Yes, please tell us what you feel needs to be adapted and how this would help you:

Do you have a disabled parking permit (Blue Badge)? **Yes** **No**

Do you smoke? **Yes** **No**

Do any members of your household smoke? **Yes** **No**

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The type of housing you are requesting

What kind of property do you want?

What improvement in health do you expect from rehousing?

Medical forms will only be accepted if they are signed.

Please sign and date this form.

It should be signed by the person whose health is affected. In the case of a child under 16 years of age, one of the parents should sign.

I understand that it may be necessary to get information about my health from my family doctor or specialist and I consent to this. All information will be treated in the strictest confidence.

Signature

Date

This section must be completed if all, or any part of, this medical form has been filled in by someone else at your request. This includes a Doctor, Nurse, Social Worker, Council Officer, relative or friend.

Signature of the person who completed the form:

Date:

Name and address of the person who completed the form:

Your position or relationship to the applicant :

Consideration of health factors

When we consider your health problems we look at a variety of factors. These include the nature and severity of the medical condition or disability, the treatment you need, and any aids or appliances used or adaptations needed for your home.

If your circumstances change, your application will be reassessed. This process will include a reassessment of your health needs. You will need to request another Self Assessment Medical Form and fill it in.

In particular, we are looking at how your health problems are affected by your current housing situation. An additional preference could be awarded that might affect your priority banding on the Housing Register.

There are only two levels of additional priority - additional preference and strong preference. There is no automatic progression from additional preference to strong preference.

Applications from people living outside the district, and who have health needs, will not be awarded preference in the same way. Under the current council housing policy, Band 6 is highest band that can be attained by someone who lives outside the District.

The priority bandings are explained in our leaflet 'Moving home with the Council'.

Please check you have filled in all parts of this form then return it to:

Housing Options
Housing Directorate
Epping Forest District Council
Civic Offices
High Street
EPPING
Essex
CM16 4BZ

Data Protection Act

Epping Forest District Council is a Data Controller under the Data Protection Act. We hold information for the purposes specified in our notification made to the Information Commissioner.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits, to:

- check accuracy of information
- prevent or detect crime
- protect public funds

We may check information we receive about you with what is already in our records. This can include information provided by you as well as by others such as government departments and agencies. We will not give information about you to anyone outside Epping Forest District Council unless the law permits us to do so.

Please contact the Council's Data Protection Officer if you require further information.



Epping Forest District Council

Housing Directorate

Civic Offices, High Street, Epping, Essex CM16 4BZ

Tel: 01992 564000

www.eppingforestdc.gov.uk/housing

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The Government Standard