



IN CONFIDENCE

APPLICATION FOR MEDICAL ASSESSMENT IN SUPPORT OF HOUSING APPLICATION OR TRANSFER

It is important that you answer all of the questions on this form. The completed form should be sent in the envelope provided to the Director of Public Health, NHS Shetland Public Health Department, Upper Floor, Montfield, Burgh Road, Lerwick, Shetland ZE1 0LA. Please complete in block capitals.

1 **Name of applicant or tenant**

2 **Present address**

Postcode

3 **Date of Birth** e.g. 30 | 05 | 74

4 **Name of person for whom medical priority is sought if not the applicant**

5 **Name of General Practitioner**
Address

Postcode

6 **Names, ages and sex of other persons living permanently with applicant**

Name	Male/Female	Date of Birth

7 **Your Medical Problem. Please give a simple description of the type of illness or other medical problem, which you have (a list of diagnoses of your condition would be sufficient if you have this information e.g. bronchitis, angina, arthritis).**

8 **Do you believe that your present housing conditions have CAUSED your medical problem?** YES NO

If so, please describe briefly in what way you believe this to be the case.

9 **Do you believe that your present housing conditions AGGRAVATE OR MAKE YOUR MEDICAL CONDITION WORSE?** YES NO

If so, please describe briefly in what way you believe this to be the case.

10 **Do you believe that a change of property would improve your medical condition?** YES NO

If so, please describe in what way you think a change of property would improve your condition

11 **What facilities do you believe you require in your proposed accommodation in order to help with your medical condition? Please complete this section in full even if it repeats information given in Question 10 above. If your present accommodation already has these facilities please also tick the 'Already Have' box.**

(a) House without external steps YES NO ALREADY HAVE

If yes, how will this facility assist?

(b) House without inside steps

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

(c) Bedroom and bathroom on same floor

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

(d) Near bus stop

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

(e) Storage space for wheelchair/aids

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

(f) Parking space for vehicle

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

(g) Garden

YES

NO

ALREADY HAVE

If yes, how will this facility assist?

12 **Which housing area have you applied to be rehoused in?**

13 **Do you believe your choice of area is related to your medical condition?**

YES NO

If so, please state in which way you believe this to be the case.

14 **If your medical needs could be met by rehousing in a different area, would you be willing to consider this?** YES NO

15 **Have you previously applied for medical points?** YES NO

16 **Do you have any other statement which you wish to make in support of your application for medical priority?** YES NO

17 **Have you applied for Additional Social Needs points in support of your housing application?** YES NO

I hereby give my consent to my General Practitioner to supply relevant medical information to the Medical Assessor.

I have applied to be rehoused by both SIC Housing and Hjaltland Housing Association

SIC Housing only

Hjaltland Housing Association only

I am happy for the Director of Public Health to pass the Medical Assessment Outcome Form to the landlord/s selected above giving the points awarded.

Signature of person for whom medical priority is sought
(A parent or guardian should sign for a child).

Date

This form should now be sent in the envelope provided to the Director of Public Health, NHS Shetland Public Health Department, Upper Floor, Montfield, Burgh Road, Lerwick, Shetland ZE1 0LA.

Shetland Islands Council
Development Services —Housing
6 North Ness Business Park
Lerwick
Shetland ZE1 0LZ
Telephone 01595 744360
e-mail: housing@shetland.gov.uk

Hjaltland Housing Association
2 Harbour Street
Lerwick
Shetland ZE1 0LR
Telephone 01595 694986
email: mail@hjaltland.org