



## Medical Self-Assessment Form

We need the information in this medical questionnaire to enable us to assess any disability or medical condition that anyone in your household has.

- Please answer the questions in your own words. Return your completed form to a Homefinder office.
- We will only award medical priority if re-housing will:
  - improve or stabilise your medical condition and
  - improve or help your mobility.
- We only need one medical questionnaire per household. Please complete it for the person with the most serious condition. If the medical condition becomes worse, you can send in a further questionnaire.

### You can contact us at the following addresses

**Homes for Northumberland (Alnwick): 1 Greenwell Lane, Alnwick NE66 2HT (in person)**

**Homes for Northumberland (Alnwick): 1 Clayport Street, Alnwick NE66 1LA (by post)**

**Tel: 01665 510505**

**Homes for Northumberland (Blyth): Dinsdale House, 75 Marine Terrace, Blyth NE24 2LN**

**Tel: 01670 542242**

**Berwick: Council Offices Wallace Green, Berwick-upon-Tweed TD15 1ED**

**Tel: 01289 301833**

**Castle Morpeth Housing: PO Box 240, Morpeth NE61 9BU Tel: 0845 1170020**

**Milecastle: Beaufront Park, Anick Road, Hexham NE46 4TU Tel: 01434 611400**

**Tynedale: Hadrian House, Hexham, Northumberland NE46 3NH Tel: 01434 652121**

**Wansbeck Homes: Front Street West, Bedlington NE22 5TU Tel: 0844 800 3800**

### Office use only

Ref No.  Date Issued  Date Returned

## Medical questionnaire

English	This document will be used to assist us in carrying out a medical assessment of your Homefinder application. If you would like this document translated into your first language please contact us on 01670542242.
Arabic	يمكننا تقديم هذه المعلومات بتنسيقات ولغات أخرى. إذا كنت ترغب في الحصول على هذه المعلومات بتنسيق أو لغة أخرى، برجاء الاتصال بمكاتبنا
Bengali	আমরা এই তথ্য বিকল্প ফরম্যাট ও ভাষায় প্রদান করতে পারি। আপনি যদি এই তথ্য বিকল্প ফরম্যাট বা ভাষায় পেতে চান, তাহলে অনুগ্রহ করে আমাদের যে কোনো একটি অফিসে যোগাযোগ করুন
Chinese (simplified)	我们可以提供此资料的其它格式和语言版本。如果您希望获取其它格式或语言版本，请与我们的任一办事处联系。
Chinese (traditional)	我們備有此資訊的其它格式和語言版本。若您需要其它格式或語言版本，請聯絡我們的辦事處。
Hindi	हम यह जानकारी वैकल्पिक फार्मेटों और भाषाओं में मुहैया करा सकते हैं। अगर आप अन्य फार्मेट या भाषा में जानकारी चाहते हैं तो कृपया हमारे कार्यालयों में से किसी एक में संपर्क करें
Polish	Możemy udostępnić Państwu te informacje na różnych nośnikach i w różnych językach. Gdyby chcieli Państwo otrzymać informacje na innym nośniku lub w innym języku prosimy skontaktować się z jednym z naszych biur.
Portuguese	Podemos disponibilizar esta informação em formatos e línguas alternativas. Se gostasse de receber informação noutro formato ou língua, por favor contacte um dos nossos escritórios
Punjabi	ਅਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਬਦਲਵੇਂ ਫਾਰਮੈਟਾਂ ਅਤੇ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਪ੍ਰਦਾਨ ਕਰ ਸਕਦੇ ਹਾਂ। ਜੇ ਤੁਸੀਂ ਜਾਣਕਾਰੀ ਨੂੰ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿਚ ਪਸੰਦ ਕਰੋਗੇ, ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਦਫਤਰਾਂ ਵਿਚੋਂ ਇਕ ਨੂੰ ਸੰਪਰਕ ਕਰੋ
Slovak	Môžeme poskytnúť tieto informácie v ďalších formátoch a jazykoch. Ak budete chcieť informácie v iných formátoch a jazykoch, prosím, kontaktujte jednu z našich kancelárií.
Turkish	Bu bilgileri başka formatlarda ve dillerde sağlayabilmekteyiz. Bilgiyi başka bir formatta veya dilde almak isterseniz, lütfen ofislerimizden biriyle irtibat kurunuz.
Urdu	ہم یہ معلومات متبادل شکلوں اور زبانوں میں فراہم کرسکتے ہیں۔ اگر آپ کو یہ معلومات کسی دیگر شکل یا زبان میں مطلوب ہو تو، براہ کرم ہمارے کسی دفتر سے رابطہ کریں

## 1 Housing applicant details

Name	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone	<input type="text"/>
Email address	<input type="text"/>

## 2 Tell us about the person suffering from the medical condition

(If different from question one).

Name	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Relationship to you	<input type="text"/>

## 3 Please tell us what your/their medical condition or disability is?

## 4 What makes the present home unsuitable?

(You should only indicate items where your/their health would improve if you/they moved house).

**5 How does the present home affect your/their health?**

**6 If the home of the person with the disability was adapted, could you/they remain there?**

(If yes, please state which adaptations you require).

**7 Details of the medical contacts**

Family doctors name

Surgery address

Postcode

Telephone

## 8 Are you/they seeing any hospital consultants?

\*Yes  No \*If yes please give their details:

Consultants name

Hospital address

Postcode

Telephone

## 9 Do you/they receive Disability Living Allowance or Attendance

\*Yes  No

\* If yes, at what level:

In whose name is the Disability Living Allowance or Attendance Allowance Paid?

## 9 Do other agencies provide you/them with help?

If other agencies, such as a care manager, community psychiatric nurse or occupational therapist, help you or the person with the medical condition or disability, then please give their name, address and telephone number below. We may contact them for more information.

Name

Address

Postcode

Agency

Telephone

Name

Address

Postcode

Agency

Telephone

## 10 Declaration

**We may need to ask your/their doctor and other professionals about the illness or disability. Both the applicant and the person with the medical condition or disability (if different) should sign below. If the person is aged under 18 their legal guardian should sign on their behalf.**

Applicant signature

Print name

Person with medical need or disability signature

Print name

Date

## Data protection

**Northumberland Homefinder promises to treat any personal information you give us or we obtain (data identifying you, such as your name, address or email address), in accordance with the Data Protection Act 1998.**

## Notes



Northumberland

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