



**ELDERPARK**  
HOUSING ASSOCIATION



## Medical/Particular Needs Self-Assessment Form

# Confidential

Ref No. \_\_\_\_\_

This self-assessment application form is used to assess medical points and to assess if an applicant requires a specially adapted property, such as a wheelchair-adapted property, a property with a community alarm, or a property with adaptations.

## Section 1

### General Information

Name of main applicant	
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Please give details of the person for whom medical points are being sought

Name	
Address	

Describe in your own words what health problem or disability you have	
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What medical treatment and/or medication are you receiving?	
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## Section 2

Does the design or the condition of your house affect your illness? (i.e you may have poor mobility and you live in an upper tenement flat or your home suffers from dampness)

	Yes		No
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If yes, please give details	
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Would re-housing alleviate your medical condition? If so, is re-housing essential or advisable?

Please give reasons:

Essential would be your health would be greatly improved, i.e you live on a top floor tenement and have severe mobility issues. Advisable may be that there is a link between your housing and poor health and re-housing could alleviate your medical condition. For example you have inappropriate heating which adversely affects your asthma.

	✓ ONE BOX	PLEASE GIVE REASONS
Is it essential that you move?		
Is it advisable that you move?		

### Policy Decisions

Points will be awarded to an applicant suffering from anxiety or depression only if he/she is receiving medical treatment on a regular basis.

Points will not be awarded to applicants who have a disability or disabling illness which affects their mobility where they will not consider ground floor or first floor accommodation.

## Section 3

### You require Specially Adapted Property (please complete this section)

This includes overbath showers, walk-in showers, wheelchair adapted property, and community alarm property or if you require an additional bedroom due to medical reasons.

Do you have any difficulty walking? If yes, do you use any of these to help you get around?		Yes		No		Some Difficulty
		Crutches		Walking Stick		Walking Frame
Do you use a wheelchair? If yes, do you use it indoors or outdoors?		Yes		No		
		Both		Outdoors Only		
Is your current home wheelchair adapted?		Yes		No		
Would a wheelchair be used inside your home if were suitable?		Yes		No		
Do you have difficulty with stairs inside or outside your home?		Yes		No		
Do you have internal stairs?		Yes		No		If yes, how many?
How many stairs are there?		To your front door		To your back door		

	INTERNALLY	EXTERNALLY
Cannot manage stairs at all		
Need help to manage stairs		
Can manage with difficulty		
Have no problems with stairs		

### Do you reach any of the following rooms by using internal stairs?

Bedroom		Yes		No
Bathroom		Yes		No
Only Toilet		Yes		No

### Have there been any adaptations made to your house?

	Yes		No
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If yes, please give details

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### Do you need further adaptations?

	Yes		No
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If yes, please give details

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### Does your illness or disability mean that you need an extra bedroom?

	Yes		No
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If yes, please tell us why you need this

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Do you have difficulty with any of the following?

	No DIFFICULTY	SOME DIFFICULTY	GREAT DIFFICULTY	ASSISTANCE REQUIRED
Getting in and out of bath				
Getting on/off the toilet				

If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help

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Please give the name and address of your GP and that of any other health care professional with whom you have had recent contact. We may need to contact them.

GP	Name	
	Address	
	Telephone Number	
Other Health Care Professional	Name	
	Address	
	Telephone Number	

Do we have permission to contact any of the above people if we need more information about your health?

	Yes		No
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



INVESTOR IN PEOPLE

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