Medical Questionnaire

Select Move
A choice based lettings service

If you require this document in any other language you can access our website at **www.selectmove.co.uk** and complete a medical questionnaire online using the Google Translate translation service.

ਇਹ ਕਿਤਾਬਚਾ ਇੱਕ ਡਾਕਟਰੀ ਪ੍ਰਸ਼ਨਾਵਲੀ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਸਟਮਰ ਸਰਵਿਸਿਜ਼ ਨੂੰ 0800 655 6785 ਤੇ ਫ਼ੋਨ ਕਰੋ।

આ પત્રિકા એક તબીબી પ્રશ્નાવલિ છે. જો તમને દુભાષિયાની સેવાની જરૂર હોય તો, કૃપા કરીને ગ્રાહક સેવાને 0800 655 6785 પર ટેલિફોન કરો.

এই পুস্তিকাটি একটি মেডিক্যাল সংক্রান্ত প্রশ্নমালা। আপনার যদি একজন অনুবাদকের পরিষেবা প্রয়োজন হয়, অনুগ্রহ করে, টেলিফোন কাস্টোমার সার্ভিসেসকে নম্বরে 0800 655 6785 ফোন করুন

این جزوه یک پرسشنامه پزشکی است. اگر به مترجم احتیاج دارید، لطفا به شماره 0800 655 6785 بخش خدمات مشتریان تلفن کنید

इस पर्चे में एक चिकित्सा प्रश्नावली है। यदि आपको दुभाषिये की जरूरत हो तो, कृपया 0800 655 6785 पर ग्राहक सेवा से संपर्क करें।

یہ ورقچہ ایک طبی سوالنامہ ہے۔ اگر آپ کو کسی ترجمان کی خدمات مطلوب ہیں تو برائے مہربانی کسٹمر سروسیز کو 0800 655 6785 پر ٹیلیفون کریں

本小冊是一份醫療服務調查問卷。倘若您需要譯員提供服務，請致電給客戶服務處，電話號碼爲：0800 655 6785。

Ten formularz to kwestionariusz medyczny. Jeśli będą Państwo potrzebowali thumaczenia, prosimy zadzwonić do dzialu obslugi klienta (Customer Services) pod numer 0800 655 6785.

Guidance Notes

1. The information in this medical questionnaire is required to enable Select Move to assess any disability or medical condition experienced in your household.

2. You are asked to answer the questions in your own words. Your completed form should be returned to one of the Select Move partners at one of the addresses at the end of this document.

3. You are reminded that medical priority is only given for severe and permanent disability. Medical priority is not normally given for reasons such as dampness, problems with neighbours, harassment, pregnancy, nervous debility, state of anxiety, marital problems or illness of a temporary nature.

4. Even in cases where there is a high medical priority, there may still be long delays.

5. Please supply copies of medication lists or attach a copy of your repeat prescriptions.

6. We will only award medical priority if:
   - Rehousing will improve or stabilise your medical condition and
   - Your mobility will be improved or helped if you are rehoused
   - Life threatening or severe disability need

Registration number _____ Date _____

1 Your personal details

Name

Date of Birth (DD/MM/YYYY)

Sex ☐ Male ☐ Female ☐ Transgender

Address

Telephone

2 Details of your medical contacts

Your GPs name

Surgery Address

Telephone

Are you seeing any hospital consultants. If yes please give their details. ☐ Yes ☐ No

Consultants name

Hospital address

Please list any professional people who support you, eg Occupational Therapist, Social Worker

Telephone

Do you receive Disability Living Allowance or Attendance Allowance. ☐ Yes ☐ No

If yes please indicate at what level

Please list all medication taken on a regular basis or attach a copy of your repeat prescriptions.

3 What medical conditions do you have?

4 How long have you had these conditions?

Condition	Time

5 Do you consider yourself to have a disability?

☐ Yes ☐ No

Please specify type of disability

☐ Learning Disability ☐ Mental Health

☐ Multiple Needs ☐ Physical Disability

☐ Registered Blind ☐ Sensory Disability

6 What makes your present home unsuitable and how does this affect your health?

You should only indicate items where your health would improve if you moved home. Please give examples of how this affects your day to day life.

7 How would a move to a new home be more beneficial to your health or managing your daily life than remaining in your present home?

8 If your current home was adapted, could you remain there?

☐ Yes ☐ No

If yes please state which adaptations you require.

9 If you were moved to a new home which adaptations would you require?

Please state which adaptations you need.

☐ Grab rails	☐ Overbath shower	☐ Extra bannister rails	☐ Level access shower
☐ Lever taps	☐ Wet room	☐ Accessible switches	☐ Stair lift
☐ Ramps	☐ Through floor lift	☐ Wheelchair access	☐ Fully wheelchair adapted
☐ Step in shower	☐ Other (please state)		

For major adaptations an occupational therapist assessment is required and you will need to approach the social services department of your local authority for a referral. However, for minor adaptations eg. grab rail, lever taps, this is not always necessary and we will advise you about this when we receive your application.

10 What type of housing do you need to move to?

☐ Flat ☐ House ☐ Bungalow ☐ Maisonette

Do you need a ground floor property? ☐ Yes ☐ No

DECLARATION

I authorise Select Move to consult my GP or Consultant(s) in order to assess my medical condition.

Signed

Name (PLEASE WRITE IN BLOCK CAPITALS)

Date

Please note: it is your responsibility to provide Select Move with the information we need to make an accurate assessment of your medical condition. Select Move will not be responsible for any costs incurred in obtaining this information from your GP or consultant, and we cannot request this information on your behalf.

DATA PROTECTION: The information that you have provided us in this medical questionnaire is regarded as personal sensitive data by the Data Protection Act 1988. By law you must give us your explicit consent to use this information. The reason we request this information is to provide us with a clear understanding of your housing requirements and enable us to make an assessment on how your medical conditions affect your housing need. Please sign below to confirm that you are happy for Select Move to use data about your specific health needs for these reasons.

Signed

Name (PLEASE WRITE IN BLOCK CAPITALS)

Date

accent foundation
Tel: 0345 6780581
19-21 Alder Close,
Moss Side,
Leyland,
PR26 7TT

adactus
Tel: 01257 244800
24 - 26
Gillibrand Street
Chorley
Lancashire
PR7 2EJ

cch Chorley Community Housing
Tel: 01257 244800
24 - 26
Gillibrand Street
Chorley
Lancashire
PR7 2EJ

Chorley Council
Tel: 01257 515151
Civic Offices
Union Street
Chorley
Lancashire
PR7 1AL

Community Gateway Association
Tel: 0800 953 0213
Deltic House,
West Strand Road,
Preston
PR1 8UY

Contour Homes
Tel: 0345 602 1120
Quay Plaza 2
1st Floor,
Lowry Mall,
Salford Quays,
Salford
M50 3AH

Eaves Brook
Tel: 01772 765600
Unit 2
Tustin Court
Portway
Riversway
Preston
PR2 2YQ

New Progress
Tel: 01772 450600
Sumner House,
21 King Street,
Leyland,
PR25 2LW

Preston City Council
Tel: 01772 906412
Housing Advice,
Birley Street,
Preston,
PR1 2QE

South Ribble Borough Council
Tel: 01772 625314
Civic Centre,
Housing
Department,
West Paddock,
Leyland,
PR25 1DH