



# Medical Questionnaire



If you require this document in any other language you can either access our website at [www.selectmove.co.uk](http://www.selectmove.co.uk) and complete an application form on line using the "Babelfish" translation service.

Or you can contact Select Move on our free phone number 0800 655 6785 and we will arrange to get a translated copy for you.

## 1: 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. Only one medical questionnaire is required per household. Please complete it for the person with the most serious condition. If your medical condition becomes worse, you can send in a further questionnaire.
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.

Registration number

Date

**1: Your personal details**

Name

Date of Birth (DD/MM/YYYY)

Sex  Male  Female

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

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

**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.


**7: If your current home was adapted, could you remain there?**

If yes please state which adaptations you require.


**8: If you were moved to a new home which adaptations would you require?**

If yes, please state which adaptations you need.

Four horizontal text input boxes for listing adaptations.

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.

**9: What type of housing do you need to move to?**

Flat  House  Bungalow  Maisonette

Do you need a ground floor property?

Yes  No

**10: 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?**

Four horizontal text input boxes for describing the benefits of moving.

**DECLARATION**

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

Signed

Text input box for the signature.

Name

Text input box for the name.

Date

(PLEASE WRITE IN BLOCK CAPITALS)

Text input box for the 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 Select Move Partnership undertakes that it will treat any personal information (I.e. data from which you can be identified, such as your name, address, e-mail address, etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. Data may be transferred between the different organisations of this partnership and with "Now Medical" for advice and appeals if required."

SELECT MOVE PARTNERS INCLUDE:



Adactus  
Housing Association  
Turner House · 56 King Street  
Leigh · Lancs · WN7 4L1



NEW PROGRESS  
HOUSING ASSOCIATION LIMITED  
New Progress  
Housing Association  
Summer House · 21 King Street  
Leyland · P25 2LW



EAVES BROOK

Eaves Brook  
36 Ormskirk Road  
Preston PR1 2QP



Community Gateway  
Housing Association  
Deltic House · West Strand  
Preston PR1 8UY



Preston City Council  
Town Hall Annexe  
Birley Street · Preston  
PR1 2QE



South Ribble  
Borough Council  
Civic Centre · West Paddock  
Leyland · PR25 1DH