



Forth Housing Association Ltd

MEDICAL QUESTIONNAIRE REGARDING YOUR PHYSICAL DISABILITY

APPLICANT			
FIRST NAME:			
SURNAME:			
ADDRESS:			
DATE OF BIRTH:			
Office Use Only:			
DATE OF RECEIPT:		APPLICATION NO.:	

4th Floor Wallace House
17-21 Maxwell Place
STIRLING
FK8 1JU

tel: 01786 446066

fax: 01786 445846

email: info@forthha.org.uk

**Forth Housing Association Limited is a
Registered Scottish Charity, No SC003550**



Please answer the following questions as fully as possible, telling us how your housing affects your physical disability.

1. MEDICAL INFORMATION

Your GP's Name and Address:

Please give details in the box below, of your physical disability:

Do you attend a hospital or out-patient clinic?

Yes

No

Have you been in hospital in the last 12 months?

Yes

No

If YES to any of the above, please give details:

Do you have an Occupational Therapist?

Yes

No

If YES please give details including Occupational Therapist name and phone number.

2. MOBILITY

Do you have difficulty walking?

- Yes – unable to walk Yes – Can walk short distances No

If YES, do you use a walking aid?

- Walking stick (s) Walking Frame
 Crutches Wheelchair
 No, don't use any walking aids

If you use a wheelchair, do you use it indoors or outdoors?

- Indoors Outdoors Both

Do you have difficulty with stairs inside or outside your home?

- Yes No

How many stairs are there inside outside

3. USING THE BATHROOM

Do you have any difficulties using the toilet or bathing?

- Yes – (but I use special aids) Yes – (please specify) No

If YES, please give details:

In your bathroom, do you have:

- Bath Shower over bath Separate shower unit

Do you have to go upstairs to the:

- Toilet Bathroom Bedroom

4. Does your heating cause you health problems? Yes No

If YES, please tell us what heating type you have and how it causes you problems:

5. Current Accommodation Affecting your Physical Disability:

Please explain in detail why your present accommodation is not suitable for your physical disability.

6. Type of accommodation needed: What type of accommodation do you think you need?

7. DECLARATION

I give you permission to:-

- a) obtain further information; and
- b) share information with:
 - my doctor, hospital specialist or health professionals to assess my need for alternative accommodation (these health professionals may include representatives from occupational therapy, community psychiatric service, social work, housing providers and medical advising team); and
 - an occupational therapist if the NHS medical advisor thinks is necessary

I agree to the information I have provided on the form being used for statistical information.

Your Signature: _____ **Date** _____

If you have completed this form for the person applying, please sign and give relationship below.

Signed: _____ **Date** _____ **Relationship:** _____

Thank you for completing this form.

**If you have any queries regarding the completion of this form,
please contact the Housing Assistant on 01786 446066.**