

## CONFIDENTIAL

# DISABILITY & MEDICAL INFORMATION FORM

### GUIDANCE NOTES

#### ❖ You should complete this form when:

- a) Your present housing situation is affecting your health
- b) Your present home is unsuitable because of your medical condition or disability

#### ❖ What you should do:

- Complete the form giving as much detail as possible
- Sign both the Medical Information and Medical Consent forms
- YOU DO NOT NEED TO ASK YOUR DOCTOR TO COMPLETE THIS FORM

#### ❖ What happens next?

- The Council's Medical Advisor or Independent Medical Advisor will consider the information provided. The decision in respect to medical priority will be made by the Council taking into account information provided by the applicant, other parties and the Council's medical advisor or other independent advisor.
- The information provided by you on this form will be held on your file, unless you request us not to do so.

#### ❖ Confidentiality

- All the information you give, or that is provided by another person (e.g. social services, health visitor etc.) is treated as confidential, but may be shared with any of the partners of the Joint Housing Register on a need to know basis.
- Should your application be nominated or selected for consideration by any of the partners involved with the Joint Housing Register, then the advice given by the Medical Advisor or Independent Medical Advisor will be provided to the relevant organisation, unless you request us not to.
- If you do not wish this form to be viewed by anyone except the Council's Medical Advisor or Independent Medical Advisor then please place this form in a further envelope marked PRIVATE and CONFIDENTIAL for the medical advisers attention only.



# GUILDFORD BOROUGH COUNCIL – HOUSING ADVICE SERVICES

## DISABILITY & MEDICAL INFORMATION FORM

PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON ON YOUR HOUSING APPLICATION WHO HAS A DISABILITY OR MEDICAL CONDITION

If you need any help completing this form, please contact the  
Housing Advice Centre on 01483 444244

### DETAILS OF THE PERSON AFFECTED BY MEDICAL DISABILITY OR MEDICAL ISSUES

Applicants or  
Tenants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### CURRENT HOUSING & HEALTH INFORMATION (please tick ✓ applicable circles)

#### PROPERTY TYPE

- House       Bungalow       Hostel       Shared Accommodation  
 Flat (If flat) Floor Level: Ground  1st  2nd  3+   
 Other  
Number of bedrooms .....

No Fixed Abode

#### ACCESS

Do you have steps to your front door?  Yes\*       No

\* If 'Yes', how many steps are there?

Do you have steps or stairs inside your home?  Yes       No

#### HEATING

Do you have any heating?  Yes\*       No

\* If 'Yes', what type of heating is it?

- Radiator       Warm Air       Gas       Electric       Other\*

\*If 'Other', please give details:

Which rooms are heated?

- Bedroom       Living-Room       Kitchen       Bathroom

---

**Do you think that the your current housing situation is affecting your health?**

Yes\*     No

\* If 'Yes', please explain why

---

**How would re-housing help your medical issues?**

---

**DISABILITY**

**Are you registered disabled?**     Yes\*     No

\* If 'Yes', how would you describe your disability

- .....
- Do you claim        Carers Allowance  
    DLA or PIP if over 18  
    Income Support  
    JSA or ESA

---

**MOBILITY**

Do you use a wheelchair?  Yes\*  No

\* If 'Yes', do you use it:  Inside  Outside

Do you use a walking-stick or frame?  Yes  No

Do you have any other aids to help you?  Yes\*  No

\* If 'Yes', please specify what they are

.....

---

Do you have any adaptations in your home?  Yes\*  No

\* If 'Yes', please specify what they are and who provided them

.....

---

Can you climb steps and stairs?  Yes  No

Do you have any difficulty walking?  Yes  No

How many can you manage?

If you have problems with stairs or walking, is this due to:

Breathlessness  Back problems  Problems with legs  Other\*

\* If 'Other', please give details

.....

.....

---

**HEALTH**

Do you consider your medical condition to be relating to your:

Mental Health  Yes  No

Physical Health  Yes  No

Both  Yes  No

Please describe your medical condition and any current treatment you are receiving, including dates (e.g. operations, consultant appointments etc.)

---

**MEDICATION**

Are you taking any medication prescribed by your doctor or specialist? (the information required below, should be noted on the bottle or box of your medication)

Yes\*    No   \* If 'Yes', please list your medication below

Medication	Strength (e.g. 50mg)	No. of times per day	Date you began taking it

---

Are you currently receiving any other treatment?    Yes\*    No   \* If 'Yes', please give details

---

Have you been an inpatient in hospital in the last 12 months?    Yes\*    No

\* If 'Yes', which hospital(s) and please give the reason for your admission

- Royal Surrey County Hospital    Frimley Park    Farnham Road  
 Ridgewood Clinic    Milford    Alpha Hospital    St Georges Hospital  
 Other (Please state)

.....

---

**SUPPORT**

Do you receive support from any of the following agencies:

		Keyworker / Contact Name & Number
Community Nursing Care	<input type="radio"/> Yes <input type="radio"/> No	
Community Mental Health Team	<input type="radio"/> Yes <input type="radio"/> No	
Adult Social Care	<input type="radio"/> Yes <input type="radio"/> No	
Community Learning Disability Team	<input type="radio"/> Yes <input type="radio"/> No	
Acorn Substance Misuse Team	<input type="radio"/> Yes <input type="radio"/> No	
Children Social Services	<input type="radio"/> Yes <input type="radio"/> No	
Other	<input type="radio"/> Yes <input type="radio"/> No	

Please describe the support you are receiving:

---

Do you have any care plan / programme provided through Social Services or Health?

Yes\*  No

\* If 'Yes', who is your social worker / key worker / care co-ordinator ? (Please give name and contact number)

\_\_\_\_\_

\_\_\_\_\_

When was this plan last reviewed? Date: \_\_\_\_\_

Do you have a community alarm?  Yes  No

---

Please tell us your GP's name and surgery

Name: \_\_\_\_\_

Surgery: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_

---

Is there any other information relating to your health which you feel is relevant?

---

## PRIVACY STATEMENT

The information you provide on this form will be used by Guildford Borough Council for the purposes of entering into or renewing a tenancy agreement with you and/or for the provision of related housing services and providing statistical information.

Your personal information will be processed in line with Data Protection legislation. It will not be disclosed to third parties for marketing purposes.

We may share your information and make any other necessary enquiries regarding your application with other departments and statutory organisations to help us manage properties and handle claims.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud.

It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Should you be housed into social housing, we will retain your data for 6 years after the end of your tenancy. Should your housing application be cancelled, we will retain your data for 6 years after this date.

If you believe the data we process on you is incorrect you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint you can contact our Data Protection Officer at the address below.

If you believe we are not processing your data lawfully you can complain to the Information Commissioner's Office (<https://ico.org.uk/>).

Further details are available on our website - <https://www.guildford.gov.uk/dataprotection>, or from the Information Rights Officer, Guildford Borough Council, Millmead House, Millmead, Guildford, GU2 4BB (email: [foi@guildford.gov.uk](mailto:foi@guildford.gov.uk)).

---

Please: **Sign this form and on the next page complete:**  
The Medical Consent Section and (if you have a support worker) the consent to share Information Section.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Housing Advice Centre, Guildford Borough Council,  
Millmead House, Millmead, Guildford, Surrey, GU2 4BB**

# MEDICAL CONSENT

## A SEPARATE CONSENT FORM IS REQUIRED FOR EACH APPLICANT WITH A MEDICAL CONDITION OR DISABILITY

I give permission for Guildford Borough Council Housing Advice Service Unit's Medical Advisor or other independent Medical Advisor to receive information from my doctor and/or specialist about my medical condition or disability in support of my application for housing.

I consent to release details to the Council or a housing association / voluntary housing provider that is considering my application.

### Your doctor's name and address

Name: \_\_\_\_\_

Surgery: \_\_\_\_\_

Postcode: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT TO SHARE INFORMATION

I give permission for Guildford Borough Council's Housing Advice Service Unit to receive a copy of any report / care plan / assessment from any social worker / CPN / support worker about my medical condition or disability in support of my application for housing; and to release any relevant details to a housing association / voluntary housing provider that is considering my application.

### Your worker's name and address

Name: \_\_\_\_\_

Surgery: \_\_\_\_\_

Postcode: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_