

Medical Assessment Form

Date _____ App No. _____

***It is important that you tell us everything about your medical conditions.
Remember - if you don't tell us about it we can't assess it.***

Name		D.O.B	
Address			

Current Accommodation House Bungalow
 Flat Ground Floor 1st Floor & above

When completing this form the following information is required:

- Diagnosis** - name of condition as told to you by your GP/Specialist/ Consultant
- Treatment** - how the condition is being treated ie - medication/courses of treatment
- Medication** - which medication is taken for the condition, even if a repeat prescription is provided
- Effects** - how the conditions affects your ability to cope in your current home

Diagnosis	
Treatment	
Medication	
Effects	

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Diagnosis	
Treatment	
Medication	
Effects	

Any Further Information _____

Signed (Applicant) _____ Date _____

Form completed by: _____ (Council Officer)