

Section 4 Medical History

Do you regularly attend Hospital for treatment? Y/N

Please list your medical conditions and/or treatments received in the section below:

If you receive support from any individual or organisations please describe the level of support and who actually provides it.

If you are moving to give or receive support please provide the address(es) of the person providing the support and why the support can not be provided at your current home.

Section 5 Your GP/Hospital

Name of Hospital

Consultants Name

Name of your doctor

Address of your doctor

Telephone number of your doctor

Section 6 Declaration

- The information I provide on this form is to the best of my knowledge true and correct. I know I may lose any accommodation offered and could face prosecution if I have knowingly given false or misleading information.
- The information provided on this form may be made available to any relevant individuals or organisations who may be able to assist me/us or others in obtaining suitable housing. This includes nominations to other landlords.
- I agree to Valleys Home Choice seeking information relevant to my application from any relevant individual or organisation who may be able to assist with this application.

Data Protection. In order to assess your housing application and help us deliver effective services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate. By signing this form you are consenting to Newydd Housing Association processing your personal data.

Your signature

Date

If you are signing on behalf of the applicant please state in what capacity you know the applicant:



Valleys Home Choice
Medical Questionnaire



Section 1 Your Details

Mr/Mrs/Miss/Ms

Full Name

Date of Birth

Address

Number of Bedrooms?

Is the property adapted? If yes, please give details

Are you awaiting adaptations to your home?

If yes please give details

If you were offered a property would you require adaptations? If yes what adaptations would you require?

Do you require an extra bedroom in your new home?

If yes please give reasons why e.g full time carer

Section 2 Who else lives with you in your home Please use separate sheet if required

Name	Age	Male	Female	Relationship to you	Is this person to be rehoused with you? Y/N

Section 3 About Your Home

Please explain how your current accommodation or the area in which you live in affects your health.

Please explain how moving home will improve your health.

Does your home have central heating? Y/N

Does your illness mean you have to sleep in a separate bedroom? Y/N

Do you use a wheelchair or a mobility car? Y/N