

## Applicant's medical form: very sheltered houses

This form aims to provide the Applications sub-committee with information about your health and wellbeing. It will help the Abbeyfield Berkhamsted and Hemel Hempstead Society to decide if this is the right place for you and to make sure you are properly looked after if you move in.

Many residents have visits from district nurses, personal carers or home helps, for instance, and some use different aids and adaptations.

It is important that your answers to the following questions are as clear and accurate as possible so that we can ensure that the services you need can be provided. Use the space at the bottom of page 2 to add any information you think might help.

House applied for:

1 Surname \_\_\_\_\_

2 First name(s) \_\_\_\_\_

3 Date of birth \_\_\_\_\_

4 Telephone number \_\_\_\_\_

5 Address  
\_\_\_\_\_  
\_\_\_\_\_

6 Have you been treated in hospital as an outpatient within the last two years?  
YES/NO

If yes, what for?  
\_\_\_\_\_  
\_\_\_\_\_

What treatment did you have?  
\_\_\_\_\_  
\_\_\_\_\_

7 Have you been visited at home by the district nurse within the last year? YES/NO  
If yes, why?  
\_\_\_\_\_  
\_\_\_\_\_

8 Do you have any health problems at the moment? YES/NO  
If yes, please give details  
\_\_\_\_\_  
\_\_\_\_\_

9 Are you taking any medicines or tablets, or using an inhaler, ointment, cream or any other preparation? YES/NO  
If yes, please give details below:  
\_\_\_\_\_

# The Abbeyfield (Berkhamsted and Hemel Hempstead) Society Limited

Name of medicines  
take/use it

What is it for

How often you should

---

---

---

- 10** If you take medicines, do you use a memory box or other piece of equipment to help you? YES/NO  
If yes, what is it?

---

- 11** Do you use a walking aid such as a walking stick (one or two?) or a walking frame?  
Please give details

---

---

---

- 12** Do you use a wheelchair? YES/NO

If so is it self propelled or pushed by a carer?

---

- 13** Do you use any special medical equipment, such as an artificial limb or colostomy bags?  
If so, please give details

---

- 14** Do you have a special diet (eg vegetarian, Kosher, diabetic)? If so, please give details

---

---

- 15** Please use this space to tell us anything else about your health, which you would like us to know.

---

---

---

---

---

- 16** **Details of your GP**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Address \_\_\_\_\_

---

---

# The Abbeyfield (Berkhamsted and Hemel Hempstead) Society Limited

For how long has s/he been your GP?

\_\_\_\_\_

17 National Health Service Number?

\_\_\_\_\_

It may be helpful for us to ask your GP about your health. This can only be done with your permission. If you will allow us to do this, please sign the following note:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

The information given on this form is, to my knowledge, correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to the person named on the accompanying letter or the admissions secretary of the house to which you are applying.

**NB: For you or your representative to knowingly give false information on this form may result in your tenancy being terminated (Housing Act 1996 Section 102)**