

# Application for Housing Medical Questionnaire



Cernach Housing Association Limited  
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Cernach Housing Association is a recognised Scottish Charity (SCO36607)



Please read over this questionnaire before completing it and if you have any queries please ask a member of staff to help you.

Please note that points may be awarded for a medical condition affecting another member of the household, other than the applicant

Name of Person with Medical Condition	
Present Address	
Relationship to Applicant	
Date	

1. What is your medical condition?

2. Please say in your own words what the health problems are:

3. Is regular treatment being provided by the family doctor/specialist?

YES      NO      *(please circle)*

4. Do you or will you use a wheelchair?

YES      NO      *(please circle)*

5. Is medication prescribed for your condition?

YES      NO      *(please circle)*

6. Please provide the following information:

Doctors Name	
Address	
Telephone No.	

7. Do you have an Occupational Therapist, Social Worker or Specialist?

YES      NO      *(please circle)*

If yes, please provide the following details: -

Name	
Job Title	
Work Address	
Telephone No.	

8. Please complete for any hospital admission/outpatient in the last 12 months

Hospital	Department	Specialist	Reason	Date

9. Please describe how the present house is affecting your health and how a move would improve this situation (this must be directly related to your condition)

**AUTHORISATION TO OBTAIN INFORMATION**

I hereby give permission for Cernach Housing Association Limited to ask my doctor/specialist in confidence for further information relating to the specific illness/condition stated in the Medical Questionnaire.

Signature	
Name (please print)	

**DECLARATION**

The information given in this form is to the best of my knowledge correct

Signature	
Date	