



Claim for Medical Priority

Reference No. _____

Grampian Housing Association will award medical points where it believes that re-housing will eradicate or alleviate a medical problem. Completing this form will assist us with this decision.

1 Name of Applicant/Applicants: _____

Name of Person/Persons claiming medical priority: _____

Address: _____

Date of Birth: _____

2 Describe your health problem: _____

(a) The symptoms: _____

(b) Prescribed medication: _____

(c) Therapy: _____

(d) Are you registered disabled? Yes No

(e) Are you registered blind? Yes No

3 Describe how you feel your present accommodation is affecting your health

4 Walking

Do you have any difficulty walking? Yes No

If yes do you use any of the following?

(a) Walking Stick Yes No

(b) Zimmer Yes No

(c) Crutches Yes No

(d) Wheelchair Yes No





5 Stairs

- Do you have difficulty climbing stairs? Yes No
- If yes, how many steps can you manage comfortably: _____
- Do you have steps leading up to your front door? Yes No
- Does your home have internal stairs? Yes No
- Does the stair have a banister/rail? Yes No
- Do you have a stairlift? Yes No
- Does the house have steps outside? Yes No

6 Bathrooms and Bedrooms

- Is your bathroom upstairs? Yes No
- Are your bedrooms upstairs? Yes No
- Does your bathroom have a shower? Yes No
- Do you require a shower unit because of your medical condition? Yes No

7 Adaptations

Does your present accommodation have any adaptations installed to assist you?
 If YES give details: _____

Declaration

If you wish to confirm this information, medical confirmation from your GP would be useful although not essential.

Signature of Applicant: _____ Date: _____

Partner/Joint Applicant: _____ Date: _____

If completed on behalf of the person claiming Medical Priority please sign and indicate the relationship below:

Signed: _____ Date: _____

Relationship: _____

