**Medical Assessment Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Only complete this form if your current home is unsuitable due to a medical condition or disability.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is this medical assessment for? | | | | | | | Main Tenant | | | | | | | Joint Tenant | | | Child | | | | | | | Other Household Member | | | | | |
| **What medical condition or disability do you or anyone who lives with you have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please attach medical evidence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How is your current housing affected by this medical condition or disability? (please continue of separate sheet if necessary).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you registered disabled? | | | | | | | | Yes | | | | No | | | Do you use a wheelchair? | | | | | | | | | | | | | Yes | No |
| Please return this form along with your documents and evidence to Stoll, Sir Oswald Stoll Mansions, 446 Fulham Road, London SW6 1DT. Or via email to [applications@stoll.org.uk](mailto:applications@stoll.org.uk). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Property Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Type: | | | House  Flat  Maisonette | | | | | | | | Floor Level | | | | | Floor Area | | | | | | No. of Internal Stairs | | | | | | | |
| Lift? Yes  No | | | | | What aids or adaptations are installed in the property. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Beds | |  | | | Is the property fully wheelchair adapted  Is the property fully wheelchair accessible | | | | | | | | | | | | | | | | | | Yes  Yes | | | No  No | | | |
| No. of Tenants | |  | | | Does the property have level access | | | | | | | | | | | | | | | | | | Yes | | | No | | | |
| Balcony | | | | | | | | | Private Garden | | | | | | | | | | Communal Garden | | | | | | | | | | |
| **Data Protection**  We take our data protection responsibilities seriously. We collect, store and process data in line with UK data protection law.  Stoll is the Data Controller for the personal information that you give to us. This means that we’re the people responsible for processing it and for keeping it accurate and up to date. We use your information to manage your relationship with us, including processing your tenancy application, providing services to you under your tenancy agreement and providing support services at your request. We have set out all the ways in which we use your information and details of any third parties that we may transfer your information to in our Fair Processing Notice, available on our website [www.stoll.org.uk](http://www.stoll.org.uk). For further details, you can contact the Data Officer [info@stoll.org.uk](mailto:info@stoll.org.uk)  You can also write to us: Sir Oswald Stoll Mansions, 446 Fulham Road, London SW6 1DT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent**  I hereby give my consent for the sharing and processing of my medical and health data in accordance with the UK General Data Protection Regulation (GDPR). I understand that my data will be handled with the utmost confidentiality and will only be used for purposes related to my housing application. I am aware that my data will be shared with Now Medial for assessment of my medical needs. I acknowledge that I have the right to withdraw my consent at any time, and I have been informed of my rights under the UK GDPR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | | | | | | | | | **Date** | | | | |  | | | | |
| **For Office Use Only \* For Office Use Only \* For Office Use Only \* For Office Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Reference No. | | | | | |  | | | | | | | | | | | | Short Report | | | | | | | | | Long Report | | |
| Date Sent for assessment | | | | | |  | | | | | | | Date Received from assessment | | | | | | | |  | | | | | | | | |
| **Medical Assessment Outcome** | | | | | | | | | | **Recommended** | | | | | | | | | | | **Declined** | | | | | | | | |
| **Recommended Property Requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Authorised By:  Title | | | | | |  | | | | | | | | | | | | | | | | | Date | |  | | | | |