

Medical Application Form

Form 2 - Medical Details



Application Ref:

Date Issued:

Housing Officer:

**THIS FORM MUST BE COMPLETED BY OR ON BEHALF OF
EACH PERSON SEEKING A MEDICAL PRIORITY**

Please refer to the Application for Medical Priority Notes for Guidance when completing this form.

ABOUT THE PERSON SEEKING THE MEDICAL PRIORITY

1. Surname

Forename(s)

Address

..... Post Code

Date of Birth

Place of Work / Name of School

2. Occupation

ABOUT YOUR HEALTH

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

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4. Is regular treatment being provided by the family doctor? Yes No

If YES, what medication is being prescribed?

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Family Doctor's Name

Address

..... Post Code

5. Please complete for any hospital admissions in the last 12 months.

Hospital	Department	Specialist	Reason for Attendance	Dates (approx)

6. Please give details of attendance at clinics or out-patients departments within the past 12 months.

Hospital	Patient No.	Department	Specialist Attended	Reason for Attendance	Dates (approx)

Important - You must complete this section

7. Describe here how the present house is affecting health. Tell us if you have difficulty walking, going upstairs, use a walking stick or if you are housebound because of where you live? Is it difficult to get out? Can you get out on your own?

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8. State here any other information in support of the application:

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DECLARATION

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

I give Stirling Council authority to obtain any further information required to establish entitlement to medical priority.

Signed: Date:

On Behalf Of Relationship

HOW TO SEND THE FORMS TO US

10. **Place the Purple FORM 2 in the smaller envelope and seal it. Write the name and address of the person seeking medical priority on the envelope.**

Put the envelope containing the Purple FORM 2 and Green FORM 1 in the larger envelope and post it to The Allocations Team or drop it into Customer First One Stop Shop.

If you need help or this information
supplied in an alternative format
please call 01786 404040.

