

Health and Wellbeing Self Assessment Form – Mental Health Issues

Application Reference Number

Main Applicants Name

Main Applicants Address

Personal Details

Please state who in your household has Health or Wellbeing issues

Name	Date of Birth	Medical diagnosis of Mental Health

Are you in receipt of any of the following Disability Benefits?

PIP (Personal Independence Payment) Mobility	<input type="checkbox"/> High / <input type="checkbox"/> Low
PIP (Personal Independence Payment) Care	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attendance Allowance	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Disability Living Allowance	<input type="checkbox"/> High / <input type="checkbox"/> Medium / <input type="checkbox"/> Low
ESA (Employment and Support Allowance)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Other (Please state)	

Current Accommodation Details

What type of accommodation are you currently living in?

House Bungalow Ground Floor Flat Above ground Floor Flat
 Other (please state) _____

Do you own your current property? Yes No

If yes, what is the value of your property? £ _____

Do you have any outstanding mortgage for the property? £ _____

Have you considered purchasing another, more suitable property? Yes No

If No, please provide details as to why you have not considered purchasing a different property

What Impact does your mental health problem have on your day to day life?

(EG how do you cope with practical issues such as shopping, cooking, looking after yourself and bill paying?)

How long have you had these problems? Please describe if your mental health has deteriorated recently.

How many times have you been in hospital for mental health problems and when was your last admission? If you have not been admitted recently have you been in receipt of home based treatment or crisis intervention recently? Please detail fully

What home based/community treatments do you receive? What counselling do you receive? What medication do you take? Please detail fully.

What support do you get to manage your mental health problems? (EG Community Psychiatric Nurse/Social Worker/Home based treatment), please give us their name and contact details if you have them.

Would this support continue if you were to move house? If yes is the support time limited?

Have you ever refused any treatment or help offered with regards to your Mental Health? If you have why did you refuse? Are the options offered still open to you? Please detail fully.

How do you feel moving would help with your mental health problems?

Signed	
Print Name	
Date	