

Health and Wellbeing Self Assessment Form

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	Health / Wellbeing Issue/s

Have you received any treatment or hospitalisation due to your health/wellbeing issue in the past 12 months?

Are there any prospects for your health/ wellbeing issue to improve? (Please provide details)

Are you receiving support from any agency with regards to your health/wellbeing issues? (Such as CPN / OT / Consultant etc) Yes No

If yes, please provide the name and contact details for the person / services that are supporting you.

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

Disability Living Allowance - Mobility	<input type="checkbox"/> High / <input type="checkbox"/> Low
Disability Living Allowance - Care	<input type="checkbox"/> High / <input type="checkbox"/> Medium / <input type="checkbox"/> Low
Attendance 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) _____

Please give details of how your current property is affecting your Health / Wellbeing?

Please give details about why is your current property unsuitable for you?

What type of housing will improve your Health / Wellbeing?

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

Please give details as to why this type of property will improve your health / wellbeing?

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

Have you had an Occupational Therapist Assessment completed in relation to your current accommodation? Yes No

If yes, were any adaptations that could be made to your current property identified? Yes No

If Yes, please advise what adaptations could be made to your current property?

If you have not received an assessment from an Occupational therapist, have you considered making adaptations to your current accommodation? Yes No

If yes please give details as to what adaptations could be made?

Do you have a downstairs bathroom?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Do you have a separate dining room that could be adapted as a bedroom?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Signed	
Print Name	
Date	