

# Independent Island Living Medical Information Form

This form is to assess whether you have an illness or disability to allow us to assess your needs for extra care accommodation in accordance with the Island HomeFinder allocations policy. The Housing Service may make a referral to the Adult Social Care First Response Team to request a new Care Act Assessment or details of an existing Care Act Assessment to inform our assessment of your housing needs.

Housing Register Reference Number	
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**1. Please enter the personal details of the person whose medical is to be considered:**

Title	Surname	First name(s)	Date of birth	Sex	National Insurance number
				M / F	

**2. Please enter their current address:**

Address	Postcode

**3. Please provide the following details about their medical condition:**

Details of your medical condition	How is your condition made worse by your current housing

**4. Please provide details of a Care Act Assessment**

Do they currently receive care for Adult Social Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of care hours received each week	0 – 5 hours <input type="checkbox"/> 6 – 10 hours <input type="checkbox"/> 10+ hours <input type="checkbox"/>
Name of allocated social worker	

**5. Do they use any of the following to move around?**

Walking stick or crutches	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking frame	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you use a wheelchair, do you use it indoors, outdoors or both?	Indoor / Outdoor / Both

**6. Please indicate below their ability to carry out the tasks listed:**

Task	Without difficulty	Some difficulty	Only with help	Unable to do	Not applicable
Walking around indoors					
Walking outside the home					
Dressing*					
Bathing*					
Cooking*					
Housework					
Gardening					
Shopping					
Climbing stairs					
Using W/C*					
Medication					
Access to the community					
Manage emotional wellbeing					

**7. Consent**

It may be necessary for Housing & Family Support to contact Adult Social Care for the purpose of ascertaining details of care that you currently receive or to refer you to Adult Social Care to complete a Care Act Assessment.

If you are also applying to Island HomeFinder for general needs accommodation, it may also be necessary for the Housing Services to contact your GP to assess your priority. See the attached consent form for signature, without which we cannot process your request for medical support.

**8. Those who may need to be contacted:**

	Name	Address
GP		
Specialist		
Other Medical Professional (please state)		

**9. I confirm that this is an accurate record of the reported medical circumstances:**

Signed: ..... Dated: .....

This publication is available on request as an audiotape, in large print, in Braille, and in other languages. For further details, please contact Housing Services on (01983) 823040.

## **PRIVACY NOTICE**

The Isle of Wight Council, as data controller, will process your personal information in accordance with the Data Protection Act 1998. The council's Data Protection Officer is Helen Miles and can be contacted by email to [information@iow.gov.uk](mailto:information@iow.gov.uk) , or by letter to, County Hall, High Street, Newport, IW, PO30 1UD.

We may share your information with:

Homeless Interventions and Support Team, Adult Social Care, Housing Benefit and Council Tax, Housing Renewals, Living Well service, Wightcare and external agencies; for the purpose of processing applications, assessing housing needs and eligibility for social housing, for assessing priority for social housing and extra care housing, preventing homelessness, providing assistance in relation to sustaining accommodation, to maximise individuals income through means of available support, for identifying and providing for support needs and for identifying individuals responsible for any debts to the council.

Please note that the Council may share your information in the absence of consent, for the purpose of crime prevention or detection, in accordance with the law. To read the full Privacy Notice please visit [www.iwight.com/Residents/Care-and-Support/Housing/Island-HomeFinder-Scheme/Your-Information3](http://www.iwight.com/Residents/Care-and-Support/Housing/Island-HomeFinder-Scheme/Your-Information3)

CONSENT FROM FOR THE DISCLOSURE OF MEDICAL INFORMATION

Our Ref:

Applicant Name ..... DATE OF BIRTH .....

Applicant Address

GP Name .....

GP Address .....

Other specialist Name and Address.....

**Access to Medical Reports Act 1988**

It may be deemed necessary to obtain a medical report from your doctor or specialist medical practitioner in support of your application for Island HomeFinder medical or social priority. If we need to do this, this Act gives you specific rights and they are set out below. If you wish you can:

- 1. Refuse to give consent – but if you do we may be unable to deal with your application for housing
- 2. Ask to see the report before it is sent to us. If you give consent, we will be able to contact your doctor direct for a report. The doctor will not send it to us until:
  - a. You have seen the report and approved it; or
  - b. 21 days have passed since we requested the report and the doctor has not heard from you

**Note: the sooner we receive the report the sooner we can deal with your application**

3. When you have read the report you may decide not to let us see it, if so please inform your GP. This may affect our ability to deal with your application.

4. You may ask the doctor to change the report if you disagree with it. If he/she refuses please tell him/her to attach a statement of your views to the report

5. You may also ask the doctor to let you see all reports supplied to us within the last six months.

**Note: your doctor may charge for supplying you with a copy of the report (to cover costs)**

6. Your doctor may refuse to let you see some or all of the report if he/she feels it:

- a. Will do serious harm to your physical or mental health; or
- b. Will indicate the doctor's intentions in respect of you; or
- c. May reveal the identity of another person who has supplied information about you

In each case you will be entitled to see the remainder of the report.

**Access to information**

Under the Data Protection Act 1998 you are entitled to see any information the council holds about you.

If you wish to see such information you must put your request in writing and send to the Corporate Information Unit by email at [information@iow.gov.uk](mailto:information@iow.gov.uk), or by post to Legal Services, Isle of Wight Council, County Hall, High Street, Newport, IW PO30 1UD. A £10 fee will apply.

**Applicant's declaration and consent**

I hereby consent to and authorise the doctor and/or specialist involved in my care to divulge medical information to the Isle of Wight Council.

I have read the above notifying me of my rights under the Access to Medical Reports Act 1988 and consent to the Isle of Wight Council seeking medical reports from my doctor and/or specialists.

Please delete as appropriate

- i. I do wish to see the medical report before it is sent to the Isle of Wight Council
- ii. I do not wish to see the medical report before it is sent to the Isle of Wight Council

Signed..... Dated.....