HOLY TRINITY (GUILDFORD) HOUSING ASSOCIATION LIMITED

18 ADDISON COURT, GUILDFORD GU1 3QD

addison.court@talktalkbusiness.net

www.addisoncourt.co.uk

PHONE / FAX 01483 – 569533

**CONFIDENTIAL – MEDICAL REPORT**

*date*

Dear Doctor,

The person named below has applied for accommodation at Addison Court, which provides sheltered housing to about 30 people over 55 who are capable of independent living. I would be grateful if you could complete this brief medical information form and return it to the House Manager at the above address.

Thank you for your help.

Katie Rooke,

House Manager

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Name of applicant

Current address

I agree to the medical information requested being sent to the House Manager at Addison Court.

Signed Date

**CONFIDENTIAL – MEDICAL REPORT**

Name of applicant:

1. Does the applicant have any significant health issues? Yes/No

Please list:

1. Does the applicant take any regular medication? Yes/No

Please list:

1. Has the applicant suffered from any mental illness or disability? Yes/No

If so, please give brief details

1. Does the applicant suffer from any alcohol or drug related illness?

Yes/No/Not sure

1. The applicant is expected to be self-caring. In your opinion, is this the case?

Yes/No/Not sure

1. Are you aware of anything which could cause a problem with living in this community?

Yes/No/Not sure

1. Is the applicant a smoker?

Yes/No

Doctor’s signature Date

Practice stamp