

SENIOR HOUSING - INDEPENDENT LIVING FORM

I,.....(name of applicant) give my consent for my doctor to complete the information requested in the form below which I will submit to Hastings District Council as part of my Senior Housing application.

Signature:..... Date:.....

Doctor's name:..... Phone:.....

Address:.....

.....

For the doctor to complete

This applicant has applied for a tenancy in a Council senior housing flat. These are in groups of small one-bedroom, self-contained flats which require the applicant to have the ability to live independently and in proximity with the community of senior people.

This information requested below will assist the council in determining whether the applicant is capable of independent living, such that there would not be any significant risk or harm to the applicant and that they will be able to live harmoniously and in a non-disruptive manner with others living in the Council senior housing complex.

Name of patient: Date of birth:

Has the patient suffered from / is suffering from: (please give details)

Stroke Heart disease or conditions Respiratory disease

Arthritis or osteoporosis Psychiatric or nervous disorder Alcoholism

Other – please provide details:

.....

.....

.....

.....

Please comment on the following:

1. Physical and mental condition of the applicant and their eligibility to cope on their own:

.....
.....

2. Please confirm that the applicant would be able to live harmoniously and in a non-disruptive manner with others living in the Council senior housing complex and not cause disturbances or friction with others:

.....
.....

3. Degree of mobility and type of disability (if any):

.....
.....

4. Knowledge of any issues that could affect the applicant's ability to live alone like heavy drinking, violent or threatening behaviour towards others:

.....
.....

	Current	Needed
District Nurse		
Psychiatric support		
Home caregivers		
Home help		
Meals on Wheels		
Other:.....		
Smoker / Vaper:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Doctor's signature: Date:

Please note that without sufficient details, the application may not be accepted.
This form is to be returned to the applicant who will submit it to Council as part of their Senior Housing application.