**Medical Professional Information**

Full name \*

Job title \*

Contact number \*

Team/Location \*

Email address \*

Date of assessment \*

**Applicant details**

Title \*

First name \*

Surname \*

Date of birth \*

Age \*

Address \*

Postcode \*

County \*

Contact name/number \*

Email address

Including applicant, how many household members live in the property\*

                      1         2         3         4         5         6         7         8+

Number of adults \*

                      1         2         3         4         5         6         7         8

Number of children \*

                      1         2         3         4         5         6         7         8

**Property Information**

Property type \*

                      House         Flat         Maisonette         Town house

Number of steps at front access \*

                      0         1-5         6-10         11-15         16-20

Number of steps at rear access \*

                      0         1-5         6-10         11-15         16-20

Number of lounge/dining rooms on the ground floor \*

1

2

Ground floor toilet\*

Yes

No

Type of bathroom \*

Over bath shower

Bath only

Level access shower

Shower cubicle

What floor is the bathroom on? \*

1

2

3

Is the toilet separate to the bathroom? \*

Yes

No

Number of bedrooms \*

                      1         2         3         4         5         6         7         8

Adaptations already present \*

Stairlift

Grab rails

Ramped access

Level access shower

Over the bath shower

Through floor lift

Lever taps

Other

None

**Functional abilities of applicant / medical condition**

Medical condition - functional abilities and potential for deterioration \*Please provide detailed information

Mobility: ambulant / wheelchair / equipment required \*

Transfer abilities: equipment / assistance \*

Continence issues: how is it managed (if applicable)?

**Options considered / rejected**

Please provide detailed information, the application may be delayed if all alternative equipment/adaptation provision have not been considered and reasons why not appropriate detailed below. For example - all applications for level access showers will not be considered unless bathing equipment and alternative solutions have been assessed and reasons why not detailed below.

Equipment considered and reasons rejected \*

Alternative adaptations considered and reasons rejected \*

Has rehousing been discussed and reasons rejected \*

Has DFG / alternative funding been explored and reasons rejected \*

**Preferred solution**

Preferred solution \*Please provide detailed information

Any other supporting documents or information