



ClwydAlyn

Medical Information in Support of Application for Rented Accommodation

This Questionnaire should be completed by a GP, Consultant, Specialist Nurse, Occupational Therapist or other health professional who can comment on how the applicant's health is affected by their current housing circumstances and how they might be improved if alternative accommodation were to be made available. All information supplied will be treated as confidential and will only be used to ensure that correct priority is given to the application.

Applicant's Name :

Applicant's D.O.B:

Applicant's Address:

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1. Please describe the applicant's medical health Problems

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2. How is the Applicant's health affected by their current housing circumstances and how would alternative accommodation help?

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Name:

Profession:

Address:

Signature

Date