



Accommodation Services Medical Assessment Form 2019-20

Please complete this form and return to the address detailed

SECTION A – To be completed by the Student before forwarding to GP/Medical Practitioner

Student Name: _____

Student ID No: _____ **Telephone No:** _____

In some cases we may need to call on colleagues within the University's Student Wellbeing Department for their professional advice when processing applications. In all cases the information you have provided will be dealt with in the strictest confidence. If you consent to share this information, you may be contacted direct by Student Health and Wellbeing with further information about support and adjustments. Please indicate below:

- ☐ I give consent **for you to share this information with the Student Health and Wellbeing Service**
- ☐ I **do not wish** for you to share this information with the Student Health and Wellbeing Service

To ensure that your accommodation application is processed efficiently, please make sure that a GP or other medical practitioner completes the mandatory sections **B**, **C** and **D**. **Sections E and F are not mandatory sections and should only be completed if you feel they are relevant.**

SECTION B – All information received helps identify the correct type of accommodation most suited to your patient's needs; please complete all relevant sections providing as much detail as possible.

Please confirm the named patient's medical condition using the following criteria and provide further supporting evidence in Sections **C** and **D**.

- | | |
|--|--|
| <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> Wheelchair user or mobility difficulties | <input type="checkbox"/> Autistic spectrum/Asperger's syndrome |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> An unseen disability eg diabetes, epilepsy, heart condition | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> A condition not listed please state: _____ | |

Date of diagnosis: _____ **Date of last consultation:** _____

SECTION C – Which of the following do you consider ESSENTIAL/DESIRABLE for the patient to manage their medical condition in relation to their University accommodation?

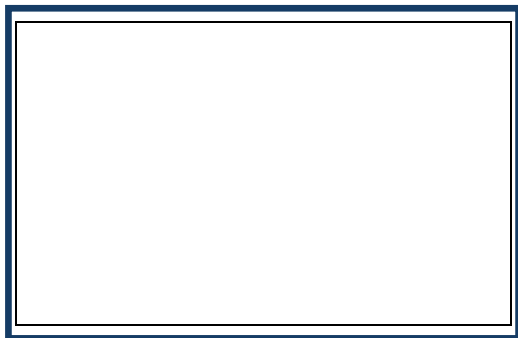
| <u>Essential</u> | <u>Desirable</u> | | <u>Essential</u> | <u>Desirable</u> | |
|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | En suite bathroom | <input type="checkbox"/> | <input type="checkbox"/> | Close to university |
| <input type="checkbox"/> | <input type="checkbox"/> | Ground floor room | <input type="checkbox"/> | <input type="checkbox"/> | Additional accommodation for support worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Fridge for medication | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift access | <input type="checkbox"/> | <input type="checkbox"/> | Self-contained accommodation |

SECTION D - Please provide additional information that supports why your patient would benefit from the facilities detailed in Section **C**:

Would your patient find it useful to have any of the following aides or adaptations? Tick if required

| | | | | | |
|---|--|---|--|---|--|
| Level access bathroom | | Motorised door opening | | Induction loop | |
| Shower chair | | Wheelchair accessible | | Flashing light fire alarm | |
| Grab rails | | Motorised scooter user | | Flashing doorbell | |
| Clos-o-mat (WC) | | Manual/tracking hoist | | Vibrating pillow | |
| Section profiling height adjustable bed | | Altered kitchen facilities ie lower work surfaces | | Fridge/freezer (for prescription foods) | |
| Mini cool (for medication) | | | | | |

MEDICAL PRACTICE OR DEPARTMENTAL STAMP, DATE AND NAME OF DOCTOR:



Name of Doctor: _____

Signed: _____

Date: _____

Please return to:

**Accommodation Service
Newcastle University
King's Gate
Newcastle upon Tyne
NE1 7RU**

BANK for printing purposes



ADDITIONAL INFORMATION SHEET

(TO BE COMPLETED BY THE STUDENT)

SECTION E - Please tell us about any medical/disability conditions:

SECTION F - How do you feel your medical/disability condition affects your accommodation requirements?

Please return to:

**Accommodation Service
Newcastle University
King's Gate
Newcastle upon Tyne
NE1 7RU**

NB. This information will be retained for a maximum of one year or until you depart Newcastle University Accommodation