Accommodation Services
Medical Assessment Form 2017-18

Please complete and return this form to the address detailed below.

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

Student Name: ______________________________________________________________

Student ID: ___________________________ 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, however if you would prefer that we do not share this information please indicate below:

☐ I do not wish for you to share this information

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.

☐ Visually impaired
☐ Wheelchair user or mobility difficulties
☐ Deaf or hard of hearing
☐ An unseen disability eg diabetes, epilepsy, heart condition
☐ A condition not listed, please state:

Date of diagnosis: ________________________ Date of last consultation: ________________________

Section C – Which of the following do you consider essential for the patient to manage their medical condition in relation to their University accommodation?

☐ En suite bathroom
☐ Washbasin in room
☐ Ground floor room
☐ Self-contained accommodation
☐ Lift access
☐ Close to university
☐ Personal care support
☐ Additional accommodation for support worker
Section D - Please provide additional information that supports why your patient would benefit from the above:

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

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

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

Name of Doctor: _________________________________

Signed: _________________________________

Date: _________________________________
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 Services, Newcastle University, King’s Gate, Newcastle upon Tyne, NE1 7RU