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.

☐ Visually impaired ☐ Dyspraxia

☐ Wheelchair user or mobility difficulties ☐ Autistic spectrum/Asperger’s syndrome

☐ Deaf or hard of hearing ☐ Mental health issues

☐ An unseen disability eg diabetes, epilepsy, heart condition ☐ Multiple disabilities

☐ 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?

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
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- En suite bathroom
- Ground floor room
- Fridge for medication
- Lift access
- Close to university
- Additional accommodation for support worker
- 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

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

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
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