

Doctor to complete (continued)

Please provide details

9. Does the patient use a wheelchair?

Yes

No

Please provide dimensions of wheelchair
(for housing allocation purposes)

Is the wheelchair use permanent or likely
to be permanent in the future?

Yes No

10. Please specify the nature of this patient's medical condition or disability.

Physical

Lower limbs

Upper limbs

Spinal

Multiple

Doctor to complete (continued)

- c. Proximity to medical and support services.
This is only applicable where: i)

14. Does the patient have legal capacity to sign relevant legal documentation?

Yes No