



191 Brandon Street, Motherwell ML1 1RS ☎ 01698 269119

**THIS CERTIFICATE MUST BE COMPLETED BY YOUR DOCTOR**

### PATIENT DETAILS

Surname	Address
Other Names	

### MEDICAL CONDITION

Details of Medical Condition

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### NOTE FOR G.P.

The Association's Policy states that medical priority would be awarded where the applicant's medical condition would be eased by rehousing or where the applicant's medical condition is exacerbated by their current housing circumstances.

Please state how this would apply in the case of your patient:

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Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

Address of Practice \_\_\_\_\_  
\_\_\_\_\_

Official Stamp

"The information detailed on this form by your GP will be used by Lanarkshire Housing Association to assess your entitlement to medical priority in the context of housing allocation. It will also be used to inform judgements as to what repairs, improvements or amendments may be required to the property that you occupy. Where, based on the information contained on this form, some action is to be taken to improve your housing circumstances then this may involve disclosing certain aspects of this information to third parties (such as providers of repair and maintenance services). We are also likely to use this information for statistical purposes and, generally, to assist in improving our service to you and maintaining our housing stock. We are also under a general obligation to protect public funds entrusted to us and so we may use the information to prevent or detect fraud. We are able to lawfully process information about your health condition for a number of reasons without consent but, to extend that reasons do not exist in relation to the above purposes, by providing this form to your GP for completion, you are indicating your explicit consent to the above."