

**Kingsmead Healthcare**  
**REQUEST FOR A HOUSING LETTER FROM YOUR GP**

In order to help make your GP make the best possible case to assist you with your housing problems, please answer the questions below. If any of the questions do not apply to you, please mark X in the space.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ For how long has it been bad? \_\_\_\_\_

Do you have any chronic illnesses? If yes, describe \_\_\_\_\_

\_\_\_\_\_

Are you taking any prescribed/OTC medicine? Please \_\_\_\_\_

How many children (below age of 16) are living with you? What are their ages and sex? \_\_\_\_\_

\_\_\_\_\_

Do they have any chronic illness? Please list against \_\_\_\_\_

\_\_\_\_\_

Does any of them attend special clinics? Please state which \_\_\_\_\_

Which floor do you live on \_\_\_\_\_ Is there a lift? Yes/NO

How many bedrooms do you have? \_\_\_\_\_

Briefly, why do you wish to be rehoused/request a letter? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of the Housing Department \_\_\_\_\_

\_\_\_\_\_

What are your needs in the new house? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You will be advised on the cost. Please pay at the Reception after completing this form.**  
**You will be informed of the time to collect the letter. If there are any questions, the GP will**  
**contact you accordingly. THANK YOU FOR YOUR HELP**