Housing Options and Advice Service

Health Questionnaire

ENFIELD Council

Name	DB		
Address	no fixed address Homeless		
		Postcode	
Date	26/01/2024	Reference No.	

1 Tell us about any medical condition(s) or illness that you or any other member of your household have and how this affects your daily living.

Depression, Anxiety, post-traumatic stress disorder, Asthma, Insomnia, The loss of use of her right (and dominant) hand, emotionally unstable personality disorder (EUPD) I have mental health issue which Enfield Council is already aware of and do have documents which have been seen by Enfield Council. I was also attacked by 3 masked men in 2017 at my flat this is why I felt so unsafe to stay there, which has made my mental health worse, and why Enfield council granted me the 150 points to bid. Now I have been attacked on the 25/11/2022 where now I do not have any use of my main right hand, which I have had to have an operation to try and fix the damage which was done in the attack on me, and am under physiotherapy where they are trying to get some of the use of my hand back the damage is life changing. I have also had to be seen by the trauma therapy unit because they know I have got PTSD due to the trauma I have suffered. then 4 days later on the 29/11/2022 3 masked men entered the block of flats I live in and stabbed a young male we are still unsure if this happened due to the attack on me on the 25/11/2022.
I do have a Learning disability (dyslexia) which I was tested for when I was a teenager so my family are the ones that help me do all forms and do my letters as I cannot do them myself, my family are the ones that got me a solicitor to help me also. I have also had very bad chest infections the past year which is not helping my Asthma. My health is getting worse and I fee unsafe all the time and I am not copping at all, the only help I have had is from my family. i feel no one is there to help me feel

2 Please provide the details of the doctor's surgery that is supporting you or the unwell person in your household:

GP Name/Surgery	Nightingale House Surgery	
Address	1 Nightingale Road,	
	Postcode London	N9 8AJ

3 How long have you / they had this medical condition(s)? Months: since i was in my early teens

4 Have you or any other member of your household ever been kept in hospital due to your medical condition(s)? Yes / No x

If 'Yes', please let us know when, which hospital and how long you were there?

5 **Please list any treatment or medication that you or any other member of your household are receiving**

Family member	Treatment or medication
DB	Physiotherapy Royal Free Hospital waiting for new date
DB	mental health unit chase farm hospital start Feburary 2024
DB	Trommer Therapy Royal Free Hospital waiting for date to start, I am unsure if they Are going to deal with this under chase farm hospital when i start there next month Along with all my other mental health issues,
DB	Asthma - Learning disability, my GP deals with my Asthma and the chest infection i have had, i was sent to north Middlesex for chest x-rays and bloods as the infection is not clearing up. my family have always helped with my Learning disability
	lity

6 **Do you or any other member of your household have a social worker?** Yes No x

I did have one that was helping me but that stopped

If Yes, please provide details: There name was Samuel leach.

Name	Telephone number

7 **Are you or any other member of your household register** **red as having a disability?** Yes x No

If 'Yes', please tell us what type of disability:

X	Physical	Sensory		ADHD	Other
X	Mental	Autism	X	Learning disability	

8 **Do you or any other member of your household have an** **y difficulty moving around?** Yes x No

If "Yes', tell us about this

she has to have someone with her when she goes out she does not go out alone as she does not cope at all,

due to her hand she having issues, and she had a broken leg in 2 places which has not healed correctly and it gives way all the time.

9 **Do you or any other member of your household have an addiction?** Yes No x

If 'Yes', please tell us about this

None

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10 **Do you or any other member of your household have a blue badge or freedom pass?** Yes No X

Blue badge reference number	Freedom pass reference number

11 **Are you or any other member of your household able to independently manage everyday tasks such as washing, bathing, cooking and cleaning?** Yes No

If 'No', who helps you to these tasks?

Name			
Relationship		Contact number	

12 **Do you or any other member of your household receive any other support from friends and family?** Yes X No

If "Yes', what kind of support do you receive from them?

DB does not go out on her own so has family with her, DB is not coping at all as she has no home to stay at and her health has been made a great deal worse due to no help. Her family has to cook for her and make sure she takes her medication, and does not cut herself. if DB never had people helping her i not sure she still be here today.

13 **Do you or any other member of your household work?** Yes No

If 'Yes', please tell us where you work, how many hours per week and whether it is a temporary, permanent or casual arrangement

No

14 **If you or any other adult member of your household are not working please tell us why**

DB gets ESA and PIP due to her not being able to work.

15	**Are you or any other member of your household pregnant?** If 'Yes', please provide any documents or letters received from your doctor, midwife, nurse	Yes	No X
16	**Do you or any other member of your household have responsibility for looking after children?** (this means children in your full-time care, under 16, or under 19 and in full-time education)	Yes	No **X**
17	**Are you or any other member of your household a care leaver aged 18-20 years of age?** (i.e. you spent at least 24 hours in care arranged by social services when you were 16-17 years of age)	Yes	No **X**
18	**Do you or any other member of your household receive any benefits related to illness or bad health?**	Yes X	No —

If 'Yes', please provide your reference number for Employment and Support Allowance, Disability Living Allowance, Personal Independence Payment, other please give details

DB gets ESA and also PIP from the DWP JH653813B.
Employment and Support Allowance and Personal Independence Payment.

19	**Are you or any other member of your household receiving support from social services, a support group or any other organisations, e.g. Mind, One Support?**	Yes	No —

If 'Yes', please give us details

DB starts treatment next month.

20 **Help us understand why your household needs the help of the emergency housing service (money, health needs, personal circumstances, other):**

DB family help with this or DB would not be able to do this.

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