

Name:


Date of Birth:


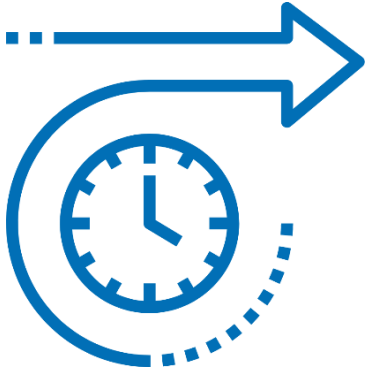
Address:

We are contacting you to make sure we are doing everything we can to make it easy for you to access health services. This may mean we need to make a reasonable adjustment for you. A reasonable adjustment is a small change we can make to make your health check, annual review, or other appointments easier for you. You can tell us about you or any reasonable adjustments you think would be helpful below.

Please **circle** your answers

<b>Do you need us to communicate with you in a particular way? For example Makaton, BSL, language interpreter</b>	
Yes          No          I don't know	
Comments:	
<b>Do you need information in easy read or large print? (Please specify a font and type)</b>	
Yes          No          I don't know	

<p>Comments:</p>	
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<p><b>Do you want us to communicate with your family, friend or carers who give you support?</b>  <b>If yes, please add their name and phone number</b></p>	
<p><b>Yes      No      I don't know</b></p>	
<p>Comments:</p>	
<p><b>Do you need a longer appointment?</b></p> <p><b>Yes      No      I don't know</b></p>	
<p>Comments:</p>	
<p><b>Do you need an appointment at a particular time based on things such as carer availability?</b></p>	
<p><b>Yes      No      I don't know</b>  <b>Please give examples of suitable times</b></p>	

Comments:



**Do you have any other reasonable adjustments that would help you to attend appointments?**

**Yes          No          I don't know**

Comments:



Thank you for completing our questionnaire.

Kind Regards,