

## Reasonable Adjustments Questionnaire

We want to make sure everyone can use our services comfortably. Please use this form to tell us if you need any adjustments or extra support when visiting or contacting the practice.

### Your details

Name:	
Date of Birth:	
Preferred contact number/email:	

### 1. Do you have any condition or disability that makes it hard to use our services?

☐ Yes ☐ No

If yes, please tell us what kind of support you might need:

### 2. What adjustments would help you? (tick all that apply)

- ☐ Longer appointment time
- ☐ Quiet or low-stimulus waiting area
- ☐ Step-free or accessible room
- ☐ Communication support (BSL, interpreter, advocate)
- ☐ Information in large print / Easy Read / Braille
- ☐ Prefer contact by text / email / phone / letter (please state)  
\_\_\_\_\_
- ☐ Allow carer / support person to attend appointments
- ☐ Other (please describe): \_\_\_\_\_

### 3. Sharing your information

Sometimes it helps if hospitals or other NHS/care providers know about your adjustment needs.

Do you agree for us to share your reasonable adjustment information with other NHS and social care services involved in your care?

☐ Yes – I give consent to share this information

☐ No – I do not give consent to share this information

You can change your mind at any time by contacting us.

### 4. Review

We'll check your adjustment needs regularly to make sure they are still right for you.

Would you like us to contact you each year to review your adjustments?

☐ Yes   ☐ No

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

(This information will be stored securely in your medical record and only used to support your care.)