

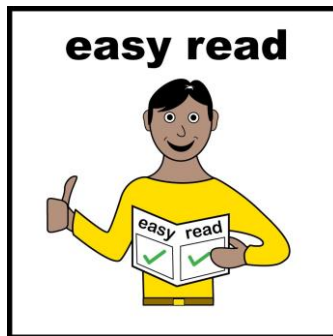
Changing our services - Making it easier for you

Reasonable Adjustment Questionnaire



We can make changes to our health services so they are easier for you to use.

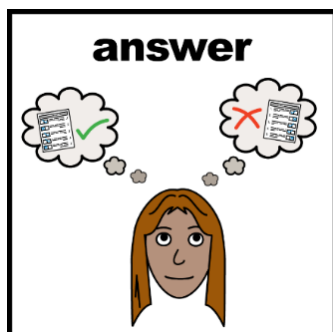
These changes are called 'Reasonable Adjustments'



The changes might include giving you easy read letters or a longer appointment.

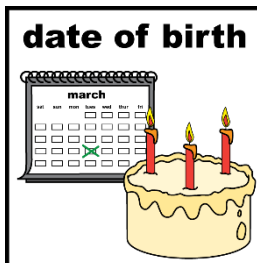
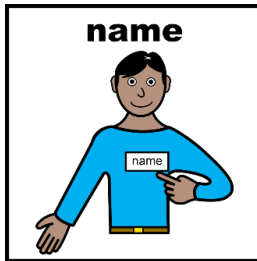
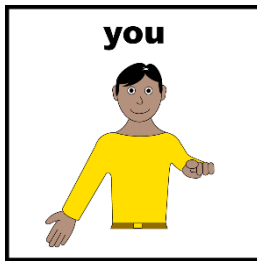


We would like you to tell us what changes we can make so we can provide a better service for you.



You don't have to answer the questions if you don't want to.

If you do, please tick the boxes that tell us more about you.

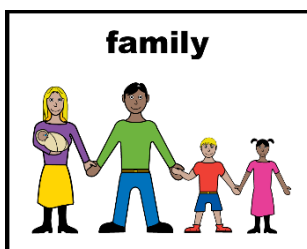
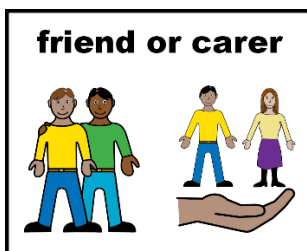


If you are answering for yourself:

Please write your name below

Please write your date of birth below

You don't need to fill in the box below.



If you are answering for someone else:

Please write the patient details in the box above, then write your name below.

Please write your relation to the patient below (e.g. mother, father, carer)

Please tick this box if a best interest decision was made on behalf of the patient to record and share

keep a record

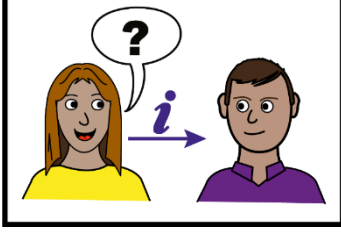


Would you like us to add your disability and reasonable adjustments to your medical record?

Yes

No

share information



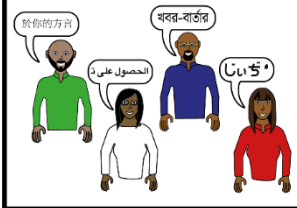
Would you like us to share your disability and reasonable adjustments with other NHS organisations?

Yes

No

Language Support: If you communicate using English, please leave this section blank.

other languages

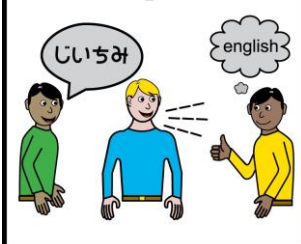


Do you need information in another language? If yes, what language? Please write on the line below.

Yes

No

interpreter

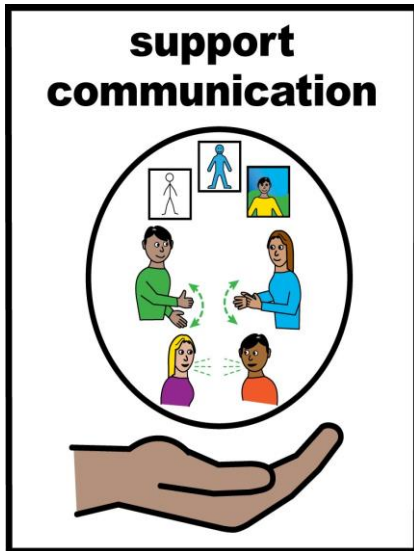


An interpreter is a person who helps translate languages. Do you need an interpreter during appointments?

Yes

No

Reasonable Adjustments



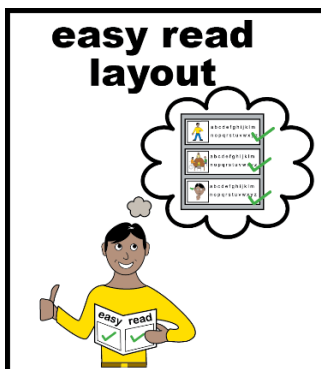
Please let us know the best way to contact you:

- Letter
- Text message
- Telephone
- Family member or carer

If it's a family member or carer, please write their contact details on the lines below.



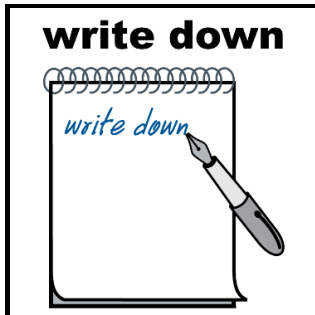
I don't speak when I communicate.



I need information in Easy Read



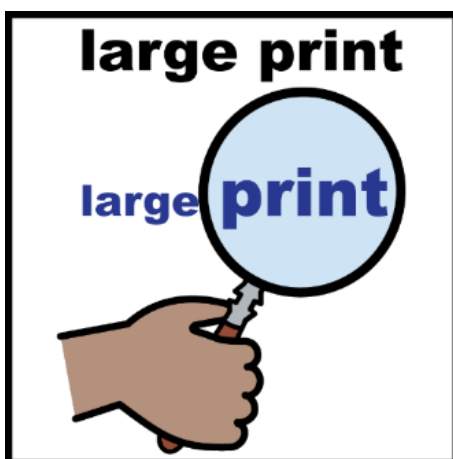
I need information to be read out loud to me.



I need information to be written down.



I need all information voice recording.



Do you need writing in large print?

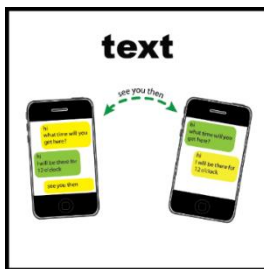
If you do, please tick which size is easiest for you to read.

I don't need large print

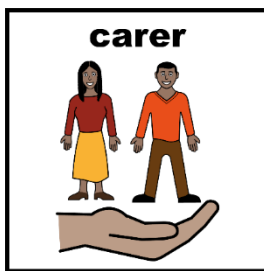
20-point font

24-point font

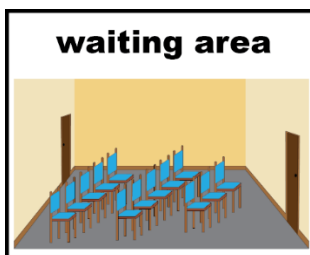
28-point font



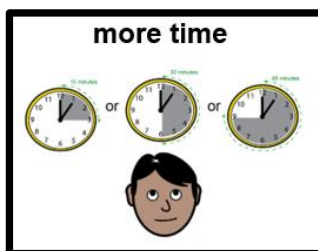
I need text message appointment reminders.



I need a carer to be at my appointments.



I cannot wait long between arriving for my appointment and going into the appointment.

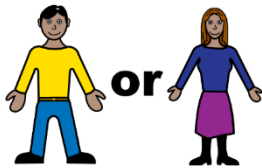


I need longer appointments.



I need to use a wheelchair.

man or woman

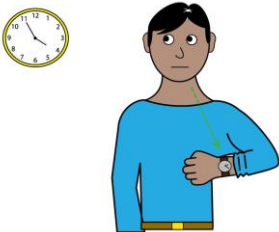


I prefer female healthcare professionals.

or

I prefer male healthcare professionals.

what time

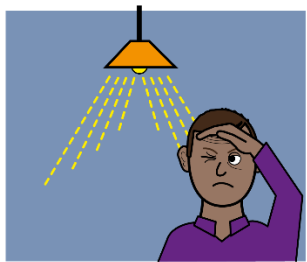


I need the first appointment that day.

or

I need the last appointment that day.

**dislike
bright lights**

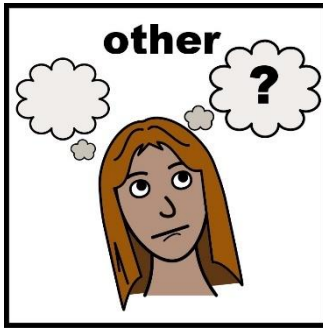


I don't like bright lights.

loud, noisy



I don't like loud noise.



Please write any other changes you need in the box below:



Do you have a carer?

- Yes
- No, I don't need one
- No, please help me find one



Please bring this form to the reception at your doctor's surgery when you have finished.