

## **Reasonable Adjustment Questionnaire**

**The NHS must make changes so it's easy for disabled patients and for those with substantial long-term conditions to access health services.**

These changes are called ***reasonable adjustments***. For example, we may be able to offer you a longer appointment, an appointment at a quieter time, or arrange for a British Sign Language interpreter to attend an appointment with you.

With your consent, we would like to record your adjustments on your medical record and the Reasonable Adjustment Digital Flag. The Flag is national record accessible by all NHS organisations so your adjustments can be viewed wherever you need treatment.

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### **Details & Consent**

Consent may be given by the patient, by a patient representative such as a parent, via a best interest decision on behalf of the patient by a healthcare professional, or via a lasting Power of Attorney for Health and Welfare/ court-appointed deputy or equivalent.

**a. Please write your / the full name of the patient below.**

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**b. Please write your / the patient's date of birth below.**

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**c. Who is filling in the questionnaire? Please write your full name and relationship to patient if you are not the patient.**

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**Please tick this box if you/ the patient consents for all information collected in this questionnaire to be uploaded to their medical record.**

**Please tick this box if you/ the patient consents for all information collected in this questionnaire to be recorded on the Reasonable Adjustment Digital Flag so it may be accessed by other NHS organisations.**

## **Disabilities & Impairments**

**Please tick all the boxes that apply to you/ the patient and provide extra information.** For example, if you/ the patient is Autistic, please tick 'Social or Behavioural' and write 'Autism' on the line underneath.

**Vision** (for example, blindness or partial sight)

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**Hearing** (for example, deafness or partial hearing)

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**Mobility** (for example, inability to walk short distances or climb stairs)

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**Dexterity** (for example, inability to lift or carry objects, or inability to use a keyboard)

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**Learning, Understanding or Concentrating** (for example, Learning Disabilities)

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**Memory** (for example, Dementia)

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**Mental Health** (for example, Anxiety or Depression)

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**Stamina, Breathing or Fatigue** (for example, Asthma or Chronic Fatigue)

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**Social or behavioural** (for example, Autism or ADHD)

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**Other** (please specify below)

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**I prefer not to say**

## **Reasonable Adjustments**

Please tick the box that tells us the change you need or gives us more information about you. Please return to our reception desk when finished.

### **Communication and Language Support**

#### **a. Language Support**

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

**If you communicate in a different language to English, which language? Please write below.**

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**Do you need a language interpreter for your chosen language, or for a family member to be present during appointments to interpret for you?**

- I need a language interpreter during appointments
- I need a family member to interpret during appointments
- I do not need an interpreter

#### **b. Communication Support**

- I lip read
- I use a communication device
- I use a hearing aid
- I prefer to communicate using British Sign Language
- I prefer written communication
- I need support with my expressive communication
- I need support with my receptive communication
- I use a citizen advocate
- I use a legal advocate
- I use a non-speech system for communication
- I use alternative communication skills

- I use augmentative communication skills
- I use British Sign Language
- I use a cued speech transliterator
- I use a deafblind intervener
- I use the Deafblind Manual Alphabet
- I use an electronic note taker
- I use functional communication skills
- I use gestures for communication
- I use a hearing loop
- I use a high technology communication device
- I use a lip speaker
- I use a low technology communication device
- I use Makaton sign language
- I use a manual note taker
- I use a non-powered communication device
- I use non-verbal communication
- I use objects for communication
- I use a Personal Communication Passport
- I use photographs for communication
- I use a powered communication device
- I use sign language
- I use a speech to text reporter
- I use symbols for communication
- I am deaf so I use a telecommunications device
- I use verbal communication
- I use a voice amplifier to support communication
- I use a voice output communication aid

### **c. Communication Aids and Professionals**

- I need a British Sign Language interpreter
  - I need a hands-on signing interpreter
  - I need a Makaton Sign Language interpreter
  - I need an advocate
  - I need a deafblind block alphabet interpreter
  - I need a deafblind communicator guide
  - I need a deafblind haptic communication interpreter
  - I need a deafblind manual alphabet interpreter
  - I need a lip speaker
  - I need a manual note taker
  - I need a sighted guide
  - I need a speech and language therapist to support communication
  - I need a speech to text reporter
  - I need a Sign Supported English interpreter
  - I need a visual frame sign language interpreter
  - I am supported by a specialist support team – their details are:
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### **d. Specific Contact Methods**

- I need audible communication alerts
- Please contact me by email (please note that not everything can be sent via email due to security issues)
- Please contact me by letter

*(continued on next page)*

- Please contact me via text message (please note that not everything can be sent via text due to security issues)
- Please contact me by telephone
- Please contact me by carer
- Please contact me using tactile alerts
- Please contact me using visual alerts

**e. Specific Information Format**

- I need all information recording on a personal audio device
- I need information sending to me by email (please note that not everything can be sent via email due to security issues)
- I need information in an aphasia-friendly format
- I need information in Braille (Grade 1)
- I need information in Braille (Grade 2)
- I need information in an Easy Read format
- I need information in Makaton
- I need information in Moon alphabet
- I need information to be communicated verbally
- I need a third party to read out written information
- I need written information to be at least a 20-point font
- I need written information to be at least a 24-point font
- I need written information to be at least a 28-point font

## **Booking & Preparing for Appointments**

### **a. Additional Communication Needs**

- I have difficulty analysing information
- I have difficulty processing information accurately
- I have difficulty processing information at normal speed
- I do not express pain in a usual way
- I use a My Healthcare Passport
- I need help communicating
- I need appointment reminders
- I need my healthcare discussed with my carer
- I need a carer to be present at appointments
- I use apps on my mobile to help me communicate
- I use switches for communication
- I use the Tadoma method for communication

### **b. Additional Support**

- I have an appointed person with personal welfare lasting power of attorney under the Mental Capacity Act 2005
- I have an appointed person's representative under the Mental Capacity Act 2005
- I need help making sure I take my medication
- I need an extra healthcare professional to be present at appointments
- I need enhanced discharge planning
- I should not be left alone
- I use an emotional support animal
- I use a guide dog

**c. Individual Care Requirements**

- I have anxiety in clinical environments
- I have an anticipatory care plan
- I have a needle phobia
- I prefer female healthcare professionals
- I prefer male healthcare professionals
- I need distracting while having a healthcare procedure
- I need longer appointments
- I need to see the care environment before I am treated
- I need a procedure explaining to me before it happens
- I need the first available appointment that day
- I need the last available appointment that day
- I need home visit appointments
- I cannot wait long between arriving and being seen by a healthcare professional
- I need priority appointments
- I need a single room during inpatient care
- I use a monitored dosage medication dispenser

**d. Environment of Care Requirements**

- I am sensitive to light
- I am sensitive to noise
- I need wheelchair access

**Please see the next page for Bespoke / other Reasonable Adjustments.**



## **Bespoke/ Other Adjustments**

Here you can write anything else you can think of that hasn't already been covered. Some examples: needing help making sure you can get to appointments such as sending you directions, or needing to be told when clinics are running late. We will do our best to meet these bespoke adjustments.

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**Please leave this section blank if it does not apply to you.**

### **Do you have a carer?**

Yes, here are their contact details...

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No, but I would like help finding one – please call me to book me in with a social prescriber who can help.

### **Are you a carer and need extra support?**

Yes, please call me to book me in with a social prescriber who can help.

No, I feel fully supported.