



Name:

Date of Birth:

Address:

Please **circle** your answers

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

Do you want us to communicate with your family, friend or carers who give you support?

If yes, please add their name and phone number

Yes No I don't know

Comments:



Do you need a longer appointment?

Yes No I don't know

Comments:




Do you need an appointment at a particular time based on things such as carer availability?

Yes No I don't know
Please give examples of suitable times

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

Reasonable Adjustment Consent Form

I have read and I understand about having my needs written on the health computer.

Yes – ☐ I would like a reasonable adjustment flag **or**

No– ☐ I do not want a reasonable adjustment flag

Yes – ☐ I would like my adjustments to be shared with other teams in the NHS or social care **or**

No– ☐ I do not want my adjustments to be shared with other teams in the NHS or social care

Date

Signed