

Reasonable Adjustment Questionnaire

Dr Harbidge & Partners, Kidsgrove Medical Centre


Patient Name:


Patient Date of birth:


Patient NHS number (if known):


Patient Address:


Please **circle** your answers:


Do you need us to communicate with you in a particular way? For example, Makaton, BSL or language interpreter			
Yes	No	I don't know	
Comments:			

Do you need information in easy read or large print? (Please specify a font and type)			
Yes	No	I don't know	
Comments:			

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? (Please give examples of suitable times)			
Yes	No	I don't know	
Comments:			

Do you have any other reasonable adjustments that would help you to attend appointments?			
Yes	No	I don't know	
Comments:			

Please complete the below and hand this questionnaire into Reception.

<p>(Please tick)</p> <p><input type="checkbox"/> I have read and understand about having my needs recorded on my health profile.</p> <p>Yes – <input type="checkbox"/> I would like a reasonable adjustment digital flag</p> <p>No – <input type="checkbox"/> I do not want a reasonable adjustment digital flag</p> <p>Name:</p> <p>Signed:</p> <p>Date:</p>
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