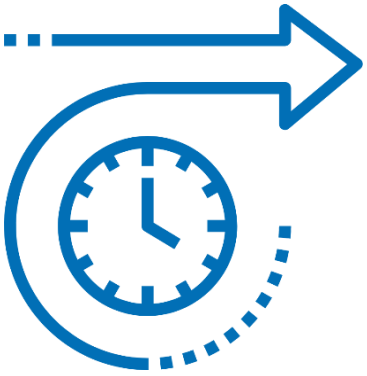
Name:

Date of Birth:

Address:

Please **circle** your answers

Do you need us to communicate with you in a particular way? **For example Makaton, BSL, 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?	
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

Signed
Date