



Reasonable Adjustments Form

Name: _____

Date of Birth: _____

Address: _____

A reasonable adjustment is a small change we can make to make your health check, annual review, or other appointments easier for you. You can tell us about you or any reasonable adjustments you think would be helpful below.

Please **circle** your answers

<p>Do you need us to communicate with you in a particular way? For example Makaton, BSL, language interpreter</p>	A blue line-art icon showing two hands in a specific sign language gesture, with fingers spread and palms facing each other.
<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>	A blue line-art icon of a magnifying glass, showing the handle, the circular lens, and the frame.
<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:

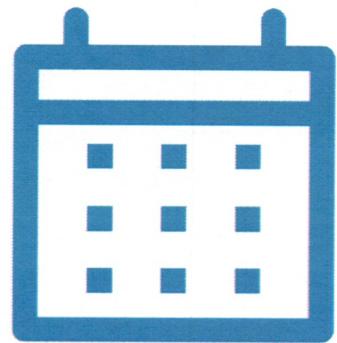


Do you need an appointment at a particular time based on things such as carer availability?

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.

Kind Regards,

Moss Grove Surgery