

Dear .....(insert name of LD Champion),

My name is..... I am .....years old and I have a Learning Disability. Please make sure I am on your Learning Disability Register.

Below is some useful information about me.

I would like to have my Annual Health Check.


Please contact .....(me / my parents / carer) to arrange an appointment.

I can / cannot come to the surgery for this.

Below are some reasonable adjustments I will need when we meet.


Thank you

(name)




Name:


I prefer:



Date of birth:




Who is important to you?



Address:

Telephone:



Email:









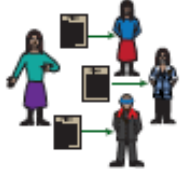
**GP Surgery**

## The Equality Act (2010) Reasonable Adjustments – Care Plan



A reasonable adjustment is a small change your Doctor can make, to make your Annual Health Check easier for you. Below are examples of reasonable adjustments or you can get help to write down what you need in the blank section. You can ask for these reasonable adjustments to be made for you at your annual health check.

Reasonable Adjustment	How you can help me	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Comments
	I need easy read documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I need information in Braille	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	I need information in large print.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	I need an interpreter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	My language is: <input style="width: 100%;" type="text"/>
	I use a wheelchair and will need a hoist if I need a physical examination. I may need a home visit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	I find it difficult to wait in the doctors for my appointment, as it may make me anxious. I may need to wait outside until you are ready to see me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I get very nervous at appointments and need my carer to help me understand what is happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Reasonable Adjustment	How you can help me	Yes ✓	No ✗	Comments
	<p>I may need to visit the surgery before my appointment to feel comfortable in the environment.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<p>I need a longer appointment.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>I need time to process information and answer questions.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Bright lights or loud noises may affect me.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>My carer will support you to understand my needs.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Please also alert my carer of any appointments.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Are there any other reasonable adjustments?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Please show this document to your Doctor</p>			