# Reasonable Adjustment Questionnaire

## Norvic Family Practice

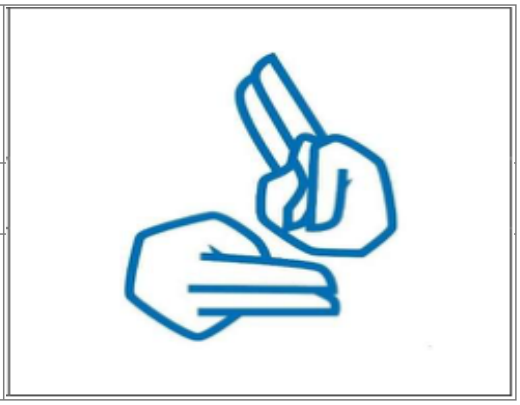
**Patient Name:**

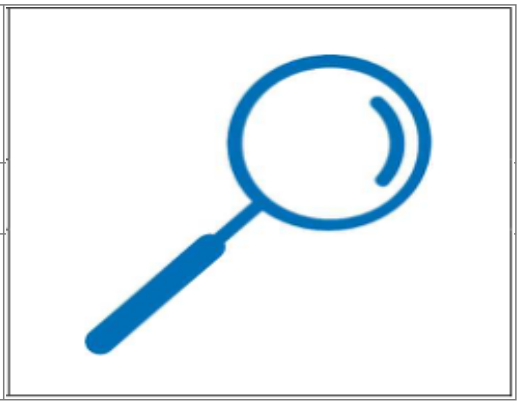
**Patient Date of birth:**

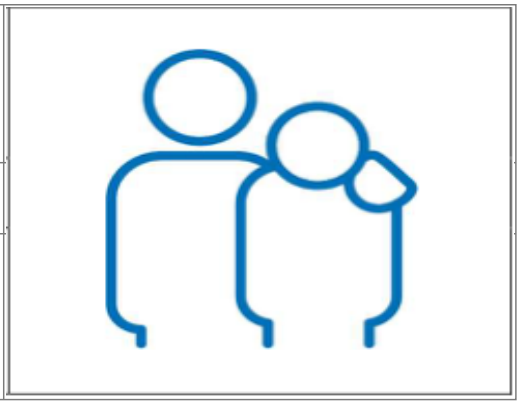
**Patient NHS number (if known):**

**Patient Address:**

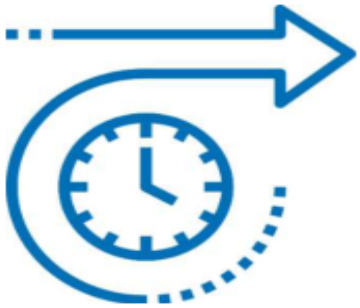
Please circle your answers:

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

| | |
|---|---|
| **Do you need information in easy read or large print?**<br>**(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?**<br>**(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.

**(Please tick)**

■ **I have read and understand about having my needs recorded on my health profile.**

Yes – ■ I would like a reasonable adjustment digital flag

No – ■ I do not want a reasonable adjustment digital flag

**Name:**

**Signed:**

**Date:**