

Hello,



I have a learning disability and would like to join the Learning Disability (QOF) Register.



I would like some extra help to access the surgery.



These are the ways I would like to be supported:
(Please tick which ones apply to you)



I would like to get easy read information and letters

Yes ☐ No ☐



I would like extra time for my appointment

Yes ☐ No ☐



I would like you to remind me about my appointment with a phone call / text

Yes ☐ No ☐



I would like to see a doctor who knows me well

Yes ☐ No ☐



I would like the doctor to use simple words and speak slowly

Yes ☐ No ☐



I might need support to make decisions about my health

Yes ☐ No ☐



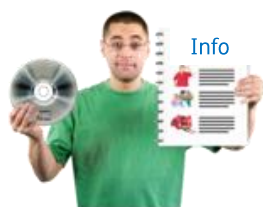
I would like my appointment to be at a time that suits my needs

Yes ☐ No ☐



I would like to be seen quickly because I find waiting hard

Yes ☐ No ☐



I would like you to use pictures or objects to help me understand

Yes ☐ No ☐



I have my own communication aids which you can use with me.

Yes ☐ No ☐

Please write any other support needs here:

The best way to contact me is (please tick how you would like to be contacted):



Text message ☐



Phone Call ☐



Easy read letter ☐

Other (Please write) ☐



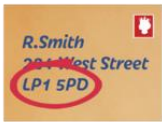
I am happy to share extra information on my Summary Care Record. Please help me to do this.

Yes ☐ No ☐



Name:

Address:



Email:



Phone number:



Signed:

Date:

