

## Western Road Surgery Reasonable Adjustment Form

Please tick the boxes to let us know how we can help you access healthcare in the best way for you.

Let a carer, family member or friend help you if needed. Or we can help at Reception.

Then hand or post this form to reception, or scan and email it to

[reception.westernroadsurgerybillerica@nhs.net](mailto:reception.westernroadsurgerybillerica@nhs.net)

If your needs change over time, simply fill in the form again and we'll change your record to reflect this.

### Do you give consent to upload data to the Reasonable Adjustment Flag?

	Yes
	No

### Can we share this information with other Healthcare Providers when making referrals for you?

	Yes
	No

### Do you use any of the following communication methods or communication aids?

	Non-verbal communication
	Alternative communication skill
	Mobile apps to support communication
	Communication device
	Cued speech transliterator
	Deafblind intervener
	Deafblind Manual Alphabet
	Electronic writing aid
	Electronic note taker
	Eye pointing
	Gestures
	Hearing loop
	High technology communication device
	Lip speaker
	Low technology communication device
	Manual note taker
	Objects used to communicate
	Personal audio recording device to record information
	Personal Communication Passport
	Pointing
	Sign language
	Speech to text reporter
	Symbols and pictures
	Switches used for communication

	Tadoma method
	Text phone
	Voice amplifier used to support communication
	Voice output communication aid
	Written communication
	Other

**Do you require any of the following communication professionals?**

	Hands on signing interpreter needed
	Interpreter needed
	British Sign Language Interpreter needed
	Makaton Sign language interpreter needed
	Deafblind block alphabet interpreter required.
	Deafblind communicator guide required.
	Deafblind haptic communication interpreter required.
	Deafblind manual alphabet interpreter required.
	Lip speaker required.
	Manual note taker required.
	Sighted guide required
	Speech to text reporter required
	Sign supported English interpreter needed
	Visual frame sign language interpreter needed
	Needs an advocate

**Do you require specific contact methods?**

	Audible alert required
	Audible alert required
	Letter
	SMS
	Telephone
	Text relay
	Via carer
	Telephone interpreting line
	Tactile alert required
	Visual alert required

**Do you require any of the following information formats?**

	Healthcare info recording on personal audio device required
	Written information in at least 20 point sans serif font
	Writing information in at least 24 point sans serif font
	Writing information in at least 28 point sans serif font
	Deafblind communicator guide required.
	Information by email
	Information in uncontracted (Grade 1) Braille
	Information in contracted (Grade 2) Braille
	Information in Easyread

	Information in electronic audio format
	Information in electronic downloadable format
	Information in Makaton
	Information in Moon alphabet
	Information on audio cassette tape
	Information on compact disc
	Information on digital versatile disc
	Information on USB mass storage device
	Information verbally
	Lip speaker required
	Manual note taker required
	Speech to text reporter required
	Third party required to read out written information

**Do you have or require any of the following additional communication needs or support?**

	Has difficulty analysing information
	Has difficulty processing information accurately
	Has difficulty processing information at normal speed
	Emergency contact details of specialist support team
	Expresses pain atypically
	Has My Healthcare Passport
	Needs assistance with communication
	Requires appointment reminders
	Requires approach to care to be discussed with carer
	Requires carer to be present at encounters
	Uses apps on mobile device to support communication
	Uses switches for communication
	Uses Tadoma method for communication

**Do you require an interpreter?**

	Yes
	No

**Do you require any other additional support?**

	Dependence on seeing eye dog
	Emergency contact details of specialist support team
	Has appointed person with personal welfare LPA
	Has appointed relevant persons representative
	Needs assistance with medication regimen adherence
	Requires additional healthcare personnel to be present at encounter
	Requires approach to care to be discussed with carer
	Requires constant supervision
	Requires enhanced discharge planning
	Unsafe to be left alone
	Uses emotional support animal
	Uses guide dog for the blind

**Do you have any of the following individual care requirements?**

	Anxiety related to clinical environment
	Dependence on seeing eye dog
	Has anticipatory care plan
	Needle phobia
	Needs assistance with medication regimen adherence
	Preference for female healthcare professional
	Preference for male healthcare professional
	Requires distraction technique whilst undergoing care procedure
	Requires extended appointment
	Requires familiarisation with care environment
	Requires familiarisation with care procedure
	Requires first appointment in appointment schedule
	Requires home visit appointments
	Requires last appointment in appointment schedule
	Requires minimal waiting time between arrival and being seen in care environment
	Requires priority appointment
	Requires single room during inpatient care
	Unable to manage medication
	Uses dispensed monitored dosage system

**Do you require any of the following adjustments to be the environment of your provided care?**

	Anxiety related to clinical environment
	Eyes sensitive to light
	Noise intolerance
	Light hurts eyes
	Required familiarisation with care environment
	Requires low light environment
	Requires low noise environment
	Requires single room during inpatient care
	Requires wheelchair access
	Uses emotional support animal
	Uses guide dog for the blind

**Do you require any of the following adjustments to support additional needs?**

	Assessment of eating and drinking behaviour
	Constipation care
	Dysphagia therapy regime
	Screening for risk of falls
	Seizure management
	Self-harm behaviour management indicated
	Thyroid function test.