

To:



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



My name is:



My address is:



My email address is:

Tell us the reason for your learning disability if you know it:



I need extra help to access the surgery and appointment.

YES NO



If YES, what help do you need?



I need extra time for my appointment.

YES NO

I would like to be reminded about my appointment and contacted by:



Phone call



Text message

OR



Easy read letter



I need to see a doctor who knows me well.

YES NO



I need support to make decisions about my health.

YES NO



I need a quiet time at the surgery for my appointment or a quiet place to wait.

YES NO



Communicate

I communicate with:

words objects/pictures
signs a communication aid

Other:



I will bring someone to support me at my appointment.

YES NO

Date:/...../.....



Signature: