30 KINGSWAY SURGERY

Reasonable Adjustments Request Form

If you feel you may need reasonable adjustments to help you access our services, please complete this form and return it to Reception.

Patient Details

Full Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address (optional): _____

About Your Needs

Please tell us about any disability, health condition, communication need, learning disability, autism, ADHD, sensory impairment, mental health condition, or other circumstances that affects how you access our services.

What Difficulties Do You Experience?

(Please tick all that apply)

☐ Telephone calls

☐ Waiting in telephone queues

☐ Booking appointments

☐ Understanding written information

☐ Understanding verbal information

☐ Attending appointments

☐ Waiting in busy environments

☐ Hearing difficulties

☐ Visual difficulties

☐ Anxiety

☐ Memory difficulties

☐ Other (please specify)

What Would Help You Access Our Services?

(Please tick any that apply)

☐ Online appointment booking

☐ Using PATCHS for medical requests

☐ Written information where possible

☐ Communication through a nominated carer, advocate or family member

☐ Follow-up appointments arranged in advance where appropriate

☐ Additional time to explain my needs

☐ Other adjustments (please tell us below)

Carer / Representative Details (if applicable)

Do you have someone who helps you manage your healthcare?

☐ Yes

☐ No

Name: _____

Relationship to you: _____

Contact Number: _____

Please note that your consent may be required before we can discuss your healthcare with another person.

Consent

I understand that Kingsway Surgery will consider the adjustments requested and, where reasonable and practical, will record and implement appropriate adjustments to support my access to services.

Patient Signature: _____

Date: _____

For Practice Use Only

Date Received: _____

Reviewed By: _____

Adjustments Agreed:

Date Added to Patient Record: _____

Review Date (if required): _____

Kingsway Surgery
30 Kingsway, Waterloo, Liverpool, L22 4RQ

Please return this form to Reception or by post.