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GP Partners: Dr Anu Batra & Dr Jemma Waterston

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## Reasonable Adjustment Request Form

### Patient's Details

**Full Name:** \_\_\_\_\_

**Date of Birth (DD/MM/YYYY):** // \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Details of Reasonable Adjustment Request

**1. What is your disability?**

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**2. What reasonable adjustments can we make?**

(e.g. large print letters, extra appointment time, quiet waiting space, assistance dog access)

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**3. Can we share this information with other NHS providers?**

☐ Yes ☐ No

### Consent for Data Collection

This form collects your personal information and medical details to confirm registration, contact you, and update your medical records at the practice and our NHS partners. Please read our Privacy Policy to learn how we protect and manage your data.

☐ **I consent to the practice collecting and storing my data from this form.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_