

REASONABLE ADJUSTMENTS IN YOUR HEALTHCARE



Your Right to Equal Healthcare

The NHS must make it just as easy for disabled people* to use health services as it is for everyone else. This is called making Reasonable Adjustments.

Reasonable adjustments are small changes that help people with a disability or long-term health condition to be treated fairly and equally.

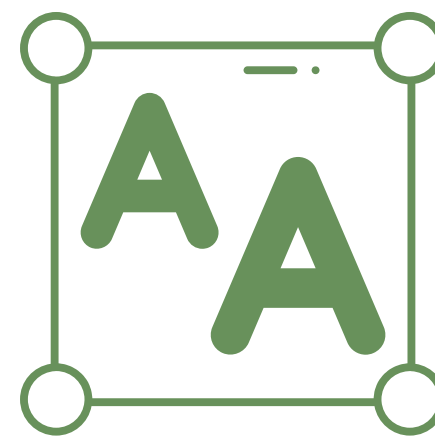
DO YOU NEED ANY HELP TO USE OUR SERVICES?

We understand that it can sometimes be difficult to get the right help if you have a disability or learning difficulty. But by making some simple changes, we can make your experience better.

These changes are called Reasonable Adjustments, and you have the right to ask for them.

Examples of Reasonable Adjustments

- Some examples of changes we can make include:
- Sending you letters in larger text
- Giving you more time at appointments
- Helping you fill in NHS forms
- Providing a quiet space to wait for your appointment
- Changing appointment times to suit when your carer is available
- Making space for your assistance dog



Everyone's needs are different. If something else would help you, please let us know.

Tell Us What You Need

We want to make sure we understand your needs and do everything we can to support you. To help us:

- Please tell us if you need any reasonable adjustments
- Let us know if we can record this on your file so all staff are aware
- Tell us if we can share this information with other NHS or social care teams who look after you

This helps make sure you only need to tell us once.

You Can Change Your Mind

Your needs might change over time. For example:

- You might want letters in large print now
- Later, you might prefer a phone call or face-to-face explanation

You can update your preferences at any time, and you can ask for more than one adjustment.

How to Let Us Know

- Fill in our online form (see our website)
- Or ask Reception for a printed form to complete and return



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?

2. What reasonable adjustments can we make?

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

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: _____