



Frimley ICS Reasonable Adjustments Request Form

Name:

DoB:

NHS number:

We know that some autistic people and people who have a learning disability can find it hard to use health services. There is a legal obligation on health services to make changes so that everyone can access and benefit from the relevant services, where these changes can be accommodated.

These changes are known as Reasonable Adjustments.

A reasonable adjustment may just a small change that makes things easier, and can include extra time with your doctor, giving you easy read information, or more support to understand. We need you to tell us what changes we can make to make our services more accessible for you.

We will then put a note on your health record saying what changes you need. We call this note a reasonable adjustments flag. This flag will tell all NHS staff, like your doctor's surgery and the hospital, what changes you need. We need you to say if you want to have this flag on your health record. By choosing yes you are giving us your agreement to put the flag on your record.

Please tick the appropriate box below:

Yes, I want you to add a reasonable adjustments flag to my records

No, I do not want you to add a reasonable adjustments flag to my records

If you **do not** want a reasonable adjustments flag added to your records, you do not need to complete the rest of this form.

When we record what support you need, we can also record and say why you need these changes. You might be autistic, have a learning disability, epilepsy or another physical disability. We do not have to record this we can still add the flag without this information.

Would you like your disability also added to the flag?

Yes

No

If the person this form relates to lacks capacity to answer these questions, please speak to someone who knows them well to agree what is in their best interest.

This has been discussed with (please specify), and adding the reasonable adjustment and disability flags was agreed to be:

In their best interests

Not in their best interests

Reasonable adjustments and changes

Below is a list of commonly requested reasonable adjustments, but this is not an exhaustive list. Please put a tick in the box of the changes you need to make it easier to use our services. If you would like to request any other reasonable adjustments, there is a section below this table for you to add these.

I need a longer appointment time.	<input type="checkbox"/>
I need my appointment at a quieter time of the day.	<input type="checkbox"/>
I need a quieter place to wait.	<input type="checkbox"/>
I find waiting difficult and need to be seen quickly.	<input type="checkbox"/>
I need help to check in for my appointment.	<input type="checkbox"/>
I need help like a ramp and wide doors to get into buildings.	<input type="checkbox"/>
I need my appointment downstairs on the ground floor.	<input type="checkbox"/>
I will need a hoist for any physical examinations.	<input type="checkbox"/>
I need information written in easy read.	<input type="checkbox"/>
I need information written in large print.	<input type="checkbox"/>
I need information in another language. Please specify	
I need a phone call to remind me about my appointment.	<input type="checkbox"/>
I need a text message to remind me about my appointment.	<input type="checkbox"/>
I need a carer or family member to support me.	<input type="checkbox"/>
I prefer to see a male member of staff if possible.	<input type="checkbox"/>
I prefer to see a female member of staff if possible.	<input type="checkbox"/>
Before my treatment I would like to be shown any equipment that you may use.	<input type="checkbox"/>
I need time to ask questions.	<input type="checkbox"/>
I need a summary of my appointment written in a way that I can understand.	<input type="checkbox"/>

Please tell us about any other changes you might need, that aren't listed above:

.....

.....

.....

.....

.....

.....

.....

Thank you for filling out this form. We will do our best to make these changes for you, but we may not be able to implement all your requests.

Please give this to your GP surgery so that it can be added to your notes. You can return a printed form by hand or post, or you can return the digital version via email.

For office use only- Not to be filled out by patient

Reasonable Adjustment	RA Flag Category	SNOMED Code
1. Longer appointment time	Individual care requirement	1108171000000102
2. Appointment at a quieter time	Individual care requirement	1325351000000103 (first appointment) 1325361000000100 (last appointment)
3. Quiet place to wait	Adjustments in relation to the environment of care	1325391000000106
4. Finds waiting difficult	Individual Care Requirements	1325841000000109
5. Needs help to use checking in machine	Bespoke reasonable adjustments	1108111000000107 and then add freetext r.e. checking in
6. Wheelchair User, requires ramp access and wide doors	Adjustments in relation to the environment of care	1108191000000103
7. Need appointment on ground floor of building	Bespoke reasonable adjustments	1108111000000107 and then add freetext r.e. ground floor
8. I will need a hoist	Bespoke reasonable adjustments	1108111000000107 and then add freetext r.e. hoist
9. I need a home visit	Individual care requirements	1325371000000107
10. I need information in easy read	Accessible information- requires specific information format	
11. I need information written in large print	Accessible information- requires specific information format	
12. I need information in a different language	Community Language Support	Look at 200+ language codes under community language support
13. I need phone call appointment reminders	Accessible information- requires specific contact method <u>and additional</u> communication needs and support	Need to add telephone code And 1108131000000104 (only states appointment reminders)
14. I need a text message to remind me about my appointment	Accessible information- requires specific contact method <u>and additional</u> communication needs and support	Need to add telephone code And 1108131000000104 (only states appointment reminders)
15. I prefer to see a male member of staff	Individual Care requirements	314435009
16. I prefer to see a female member of staff	Individual care requirements	314434008
17. I would like to be shown equipment you will use	Individual care requirements	1325331000000105
18. I need extra time to ask questions		
19. I need a written summary in a way that I understand		