

SEE ABILITY

I have a learning disability and need extra support in my appointments.

Please give this form to your doctor or anyone in your care team.



My name is:



My date of birth is:



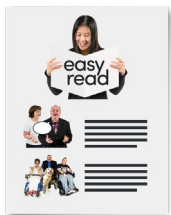
My address is:



I communicate using:

For example, braille, pictures or a hearing aid.

My support needs are:

☐

I need information in easy read.

☐

I need extra time for my appointment.

☐

I need appointments at specific times.

☐

I need someone to help make decisions at my appointment.



Any other support needs:



You must ask if I have any communication needs.



You must make sure I get information in a way I understand.



You need to record this on my health record.



If you need more information please read about the [Accessible Information Standard](#).



www.seeability.org



facebook.com/RSB.seeability



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SeeAbility is the operating name of the Royal School for the Blind founded in 1799.
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