

# Disability Awareness Form

This form helps us understand how we can best support you when accessing care at our surgery. Information provided will be stored securely and used only to ensure your needs are met in line with the Equality Act 2010 and NHS Accessible Information Standard.

## Patient Details

Full name:	
Date of birth:	
NHS number (if known):	
Address:	
Contact number:	
Email address:	

## 1. Disability Information

Please tick or describe any disability, long-term condition, or sensory impairment you have:

<input type="checkbox"/> Physical disability	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Speech or communication difficulty
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Autism spectrum condition
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Long-term medical condition (e.g., diabetes, epilepsy)
<input type="checkbox"/> Other (please specify):	

## 2. Communication Needs

Do you require any support or adjustments when we contact you or provide information?

<input type="checkbox"/> Large print	<input type="checkbox"/> Easy read format
<input type="checkbox"/> Braille	<input type="checkbox"/> British Sign Language interpreter
<input type="checkbox"/> Hearing loop	<input type="checkbox"/> Text message reminders
<input type="checkbox"/> Email correspondence	<input type="checkbox"/> Translation or interpreter service
<input type="checkbox"/> Other (please specify):	

## 3. Support During Appointments

Do you require any reasonable adjustments when attending the surgery or during consultations?

<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Longer appointment time
<input type="checkbox"/> Assistance with mobility within the surgery	<input type="checkbox"/> Quiet waiting area or specific appointment time
<input type="checkbox"/> Carer or support person to accompany you	<input type="checkbox"/> Alternative examination arrangements
<input type="checkbox"/> Other (please specify):	

## 4. Additional Information

Is there anything else you would like us to know to support you better?

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## 5. Consent and Declaration

I confirm that the information provided is accurate and consent to it being stored securely for the purpose of providing appropriate care and reasonable adjustments.

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

## Data Protection Notice

This information will be held securely in accordance with the UK GDPR and Data Protection Act 2018. It will only be used to support your healthcare needs and ensure compliance with the Equality Act 2010 and NHS Accessible Information Standard.