



Name: Click here to enter text		Pronouns: Click here to enter text
Date of Birth: Click here to enter text		Put an X in this column next to adjustments you would like to have. Leave blank if not applicable.
I am neurodivergent* and the following reasonable adjustments marked by an 'X' are helpful to me to access and engage in health appointments and feel comfortable. Please note: it is a statutory responsibility to try and make reasonable adjustments		
COMMUNICATION	Clear, precise communication, information broken down, instructions explicit.	<input type="checkbox"/>
	Closed questions or to be provided with options.	<input type="checkbox"/>
	A longer appointment time to allow me to process information and respond.	<input type="checkbox"/>
	A supporter** with me to help me communicate and feel comfortable.	<input type="checkbox"/>
	Alternative ways of making appointments other than using the phone. Click here to enter text	<input type="checkbox"/>
	Check I have understood you and allow me to ask questions. Click here to enter text	<input type="checkbox"/>
	Help to record important information to take away at the end of the session.	<input type="checkbox"/>
	Don't make assumptions based on my non-verbal communication, such as lack of eye contact or stimming, I will engage better if relaxed and am being myself.	<input type="checkbox"/>
	Patience - I can find it hard to explain information or how I'm feeling.	<input type="checkbox"/>
	Things I use to help me communicate: Click here to enter text	<input type="checkbox"/>
HEALTH	Consideration that I experience pain differently and my pain threshold is low/ high (please cross out as appropriate). Click here to enter text	<input type="checkbox"/>
	Warning, explanation and preparation time before being touched.	<input type="checkbox"/>
	Ask me explicit questions to identify symptoms of pain and sensations (especially in physical examinations) due to difficulties explaining these.	<input type="checkbox"/>
	Support to address any other health issues raised as I struggle to ask for help.	<input type="checkbox"/>
	Familiar, supportive staff with me if I need invasive procedures.	<input type="checkbox"/>
ENVIRONMENT	Staff to read any requests for reasonable adjustments and preferences provided prior to an appointment.	<input type="checkbox"/>
	To be able to check-in and wait outside or in a quiet area.	<input type="checkbox"/>
	Having reduced lighting if possible.	<input type="checkbox"/>
	Being seen in a quiet room away from busy areas.	<input type="checkbox"/>
	Adjusting the temperature in the environment.	<input type="checkbox"/>
	Consideration about textures, e.g. of garments, dressings and medical equipment.	<input type="checkbox"/>
	To be provided with a quiet, dark space if I am distressed or overloaded.	<input type="checkbox"/>
	To receive interventions on a one to one rather than group basis.	<input type="checkbox"/>
CHANGE	Being able to clearly see and get to the exit in a room.	<input type="checkbox"/>
	Information in advance about what to expect in the situation and a clear plan for next steps.	<input type="checkbox"/>
	Appointments being on time and being told if there is a wait or delay.	<input type="checkbox"/>
	Whenever possible to see the same staff each time.	<input type="checkbox"/>
	Discuss my next appointment time that will fit with my routine / quiet time.	<input type="checkbox"/>
KNOWLEDGE	Avoid disruption, unexpected changes or things sprung on me.	<input type="checkbox"/>
	If you say you will get back to me, it is very important to do what we agreed.	<input type="checkbox"/>
	Please don't make assumptions due to my appearance, but if you are concerned check if I need any support.	<input type="checkbox"/>
	Support with reading or completing forms.	<input type="checkbox"/>
	I have a special diet or take specific food products. Click here to enter text	<input type="checkbox"/>
	Explicitly state at the start how to ask for a break, to use the toilet etc.	<input type="checkbox"/>
	Appointment reminders as I may forget dates and times.	<input type="checkbox"/>
Talking about my interests makes me feel calm.	<input type="checkbox"/>	



Have you got a hospital or health passport / care plan / one page profile? Yes No

Additional reasonable adjustments not covered on overleaf:

Click here to enter text

Important information to know about me: (eg health conditions, preferences, treatments)

Click here to enter text

I am interested in:

Click here to enter text

It is not always obvious to others if I am stressed or anxious, this is what people may notice:

Click here to enter text

Things that can make me feel stressed/distressed:

Click here to enter text

What helps me when I feel anxious, stressed or distressed:

Click here to enter text

My parent is neurodivergent and may need reasonable adjustments:

Click here to enter text

* Neurodivergent people see and experience the world differently (eg autism, ADHD, dyslexia, dyspraxia, tourettes etc).

**A supporter is someone who knows you well. It could be a friend, family member or carer.