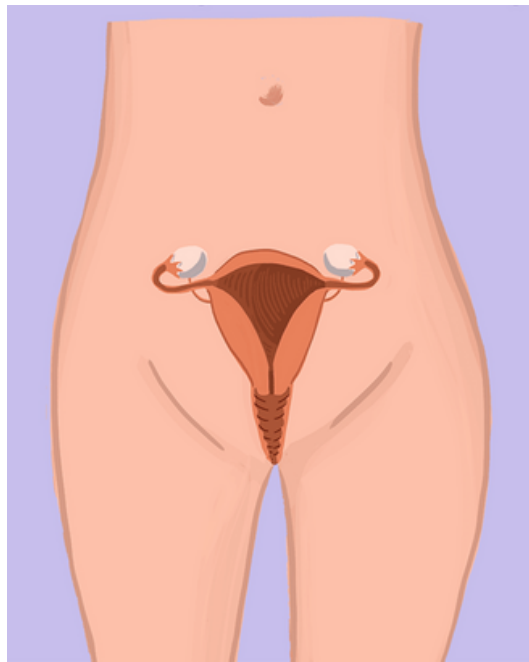




**Leicester, Leicestershire  
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Health and Wellbeing Partnership

# What can help me to have my cervical screening (smear test)?



**Please fill this form out and take it to your doctors  
before your appointment.**

**You don't need to fill in every box.**





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**My name is:**

**I like to be called:**

**These are the things that I might want  
to talk about in my appointment...**



**Things I like to do:**



**My family/ friends/ pets:**





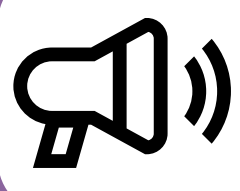
**Things that may make me sad, worried  
and angry (please tick the boxes).**



**Being rushed**



**Having to wait**



**Places where there are  
lots of people or  
loud places**



**Not knowing what is  
going to happen**



**When people speak to  
my support and not me**



**Other things...**



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## Things that may be helpful...



**Easy Read information**

Yes



No



**Visiting the surgery before my  
appointment to see the room  
and meet the Nurse or Doctor**

Yes



No



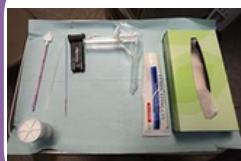
**Watching a video about  
cervical screening so I  
know what to expect**



Yes



No



**Show me what will happen  
with the equipment**

Yes



No

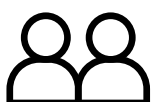


**I would like to use a  
special chair**

Yes



No



**I would like to bring  
someone with me**

Yes



No





**I would like to come for my appointment on (tick the days that work for you)...**

Monday

Thursday

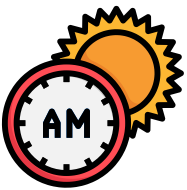
Tuesday

Friday

Wednesday

Saturday

**I would like to come for my appointment in the...**



Morning  
AM



Afternoon  
PM

**I would like to bring something with me as a distraction**

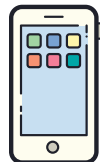


Yes



No

**This could be..**



**Don't forget to take this to your  
doctors before your appointment.**

