

Dear Dr



I have a Learning Disability, please ensure that:



- ✓ I am on this Practice's Learning Disability register
- ✓ I have a Learning Disability Annual Health Check (from age 14 onwards)
- ✓ We discuss my Health Action Plan (where appropriate)
- ✓ I am invited for a flu immunisation every year (either by injection or nasal spray)



My name is

My date of birth is

The best way to contact me is:



Easy read letters



Phone number



Text to:

Reasonable adjustments that would help me with an appointment would be: for example, 'I would like an appointment at a quiet time.'

SCAN ME ↓

