

Dear Dr

I have a Learning Disability



Please ensure that:-

1. I am on this Practice's Learning Disability register
2. I am offered a hospital passport
3. I have a Learning Disability Annual Health Check (from age 14 onwards)
4. 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 to:



Text to:

Adjustments that would help me with an appointment would be: *(For example, I would like an appointment at a quiet time)*