|  |  |
| --- | --- |
| Dear GP Surgery |  |
| BSL Name | My name is­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I have a learning disability |
| Phone Number Mobile | My phone number is: |
| Address Street | My address is: |
| Look close1 | I would like to check: |
|  | 1. If I am on your learning disability register.
 |
| Letter Health Check | 1. If I need an Annual Health Check.
 |
| GP Doctor 5 | I need to talk to you about: |
| Reasonable Adjustments | What I need to make sure I can use your service when I visit (Reasonable adjustments). |
| Summary Care Record | My needs being shared on my Summary Care Record. |
| Vaccine Consent 1 | How I might give consent for you to talk about my medical care. |
| Thank You 1 | Thank you. |

  

**Developed by:
North West Training and Development Team/**

**Pathways Associates Community Interest Company**