

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:

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