

ACCOMMODATION CHECKSHEET FOR SENIORS AND PEOPLE WITH DISABILITIES*

Obtain the following information for patients with disabilities or for any person who requests assistance to make an appointment or communicate with your office in order to ensure they can receive the full benefit of the healthcare visit or follow up. Information may be supplied directly by the patient wherever possible, but may also be obtained through the patient's designated personal assistant or with the assistance of office staff, and **thereafter retained in the patient's file or electronic record for ease of reference.**

Name: _____

Email: _____ Cell phone: _____ Date: _____

Please write a brief description in the box below of the impact of your disability (for example, I use a wheelchair and require assistance to transfer to an optometry chair; I have a visual impairment and cannot read regular print text; I am hard-of-hearing and require written communications; I take medications and require an afternoon appointment; I have a developmental disability and need additional time for office visits; I am a senior who uses a walker and needs help getting on the exam table.)

Please check any of the following accommodations that you are requesting to make an appointment, during your healthcare visit, or for follow-up:

COMMUNICATION

Making/confirming appointments and/or exchanging information:

California Relay Service: ☐

Email: ☐

Text messages: ☐

Sign Language Interpreters: ☐

Other: ☐

Receiving information typically relayed through print:

Large print: ☐

Braille: ☐

Email: ☐

Electronic format (CD): ☐

Audiotape or Audio CD: ☐

Other: ☐

MEDICAL EQUIPMENT/EXAMINATION SPACE

Ensuring an effective examination:

Height adjustable exam table: ☐

Wheelchair accessible weight scale: ☐

Ensuring an effective examination, continued:

Height adjustable mammography: ☐

Lifting assistance: ☐

Exam room space to maneuver mobility device: ☐

Other: ☐

**ANY OTHER MODIFICATION
OR EXTRA TIME AND ASSISTANCE**

Extended appointment time: ☐

Appointment time flexibility: ☐

Assistance with paperwork: ☐

Simplified English: ☐

Service Animal: ☐

Other: ☐

METHOD FOR GETTING TO APPOINTMENTS

Self—Private car/van: ☐

Driver/Caregiver—Private car/van: ☐

Driver Contact Information: _____

Paratransit: ☐

Paratransit Contact Information: _____

Public Transit: ☐

Other: ☐
