



Accessibility Checksheet

How can your Doctor's office serve you better? During a healthcare visit, do you need extra help? After your visit, maybe you need help to contact your Doctor's office, to set up a new appointment, or to use your health benefits. Tell your Doctor what your needs are by filling out this checksheet.

Name: _____ Date of birth: _____

E-mail: _____ Cell phone: _____

Home phone _____ Today's date: _____

How does your disability impact your healthcare visits? Tell us.

Examples:

1. I use a wheelchair and need assistance to transfer to an exam table.
2. I have low vision and prefer large print text.
3. I am hard-of-hearing and need written communications.
4. My developmental disability requires more time for office visits.

Write in area below:

Communications

See the choices below. To make (or confirm) appointments or to trade information during your next office visit, which method would you prefer? You can check more than one.

- California Relay Service
- E-mail
- Text messages
- Sign Language Interpreters
- Other _____

For information mostly given in print form, you prefer...

- Large print
- Braille
- E-mail
- Electronic format CD
- Audiotape or Audio CD
- Other _____

Exam room

What type of medical equipment do you need?

- Height adjustable exam table
- Wheelchair accessible weight scale
- Height adjustable mammography
- Other _____

Do you need to be lifted on to medical equipment?

- Yes
- No

Do you use a mobility device that requires more space in the exam room?

- Yes
- No

Extra time

When you call for an appointment time, do you need more choices?

- Yes
- No

Transportation

How do you get to and from your doctor visits?

- Self (private car or van)
- Driver or caregiver (private car or van)
Driver's phone number: _____
- Paratransit
Paratransit's phone number: _____
- Public transit (like a bus)
- Other _____

Other help

What other forms of help do you need?

- Assistance filling out paperwork
- Service Animal
- Other _____