Preferred name: ________________________________________________________________

Please complete this form at your first visit to better help us understand your learning and accommodation needs as a patient. Thank you for your help.

I have the following special needs: ☐ Check here if none.

Please help us understand your disability or learning accommodations needs below:

☐ Physical: ______________________________________________________________________

☐ Sensory: ______________________________________________________________________

☐ Learning: _____________________________________________________________________

☐ Extreme fatigue: ______________________________________________________________________

☐ Emotional/anxiety: ______________________________________________________________________

☐ Other: ______________________________________________________________________

Things I would like my healthcare provider to know about me: ☐ Check here if none.

___________________________________________________________________________________________

☐ Cultural differences: ______________________________________________________________________

☐ Religious beliefs/practices: ______________________________________________________________________

☐ Language barrier: ______________________________________________________________________

☐ Financial problems: ______________________________________________________________________

☐ Gender identity: ______________________________________________________________________

☐ Sexual orientation: ______________________________________________________________________

☐ Other: ______________________________________________________________________