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 learning needs:  ○ Check here if none.
Please help us understand your disability or learning accommodations needs below:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

○ Gender identity: ________________________________________________________________

________________________________________________________________________________________

○ Sexual orientation: ________________________________________________________________

________________________________________________________________________________________