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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Gender identity: __________________________________________________________

________________________________________________________________________

☐ Sexual orientation: ________________________________________________________

________________________________________________________________________