



**Learning & Accommodation
Assessment**
University Health Services
University of Massachusetts
 Amherst, MA 01003-9288
 413-577-5000

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Last Name: _____
 First Name: _____ MI: _____
 DOB: _____ Sex: _____
 Provider: _____

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.

Do you have a disability or do you need learning accommodations? Yes No

If you answered YES, please help us understand your disability or learning accommodations needs below:

- Physical: _____

- Visual: _____

- Hearing: _____

- Speech: _____

- Learning: _____

- Extreme Fatigue: _____

- Emotional/Fear: _____

- Other: _____

Do you have any other concerns that may affect your health care that you would like to bring to our attention? Yes No

If you answered YES, please help us understand your concerns below:

- Cultural differences: _____

- Religious beliefs/Practices: _____

- Language barrier: _____

- Financial barrier: _____

- Gender or sexual identity: _____

- Other: _____
