

Accommodation Checksheet For Seniors And People With Disabilities

Obtain the following information from any person who requests assistance making an appointment or communicating with your office. Information may be supplied directly by the patient or with the assistance of office staff. Please retain this information in the patient's file or electronic record for ease of reference.

Name: _____ Date: _____

Email: _____ Phone: _____

Please describe the impact of your disability: (see below for examples)

Examples: I use a wheelchair and require assistance to transfer to an optometry chair; I have a visual impairment and cannot read regular print text; I am hard-of-hearing and require written communications; I take medications and require an afternoon appointment; I have a developmental disability and need additional time for office visits; I am a senior who uses a walker and needs help getting on the exam table.

Please indicate any additional requests or accommodations for your visit.

Making/confirming appointments or exchanging information:

California Relay Service Email Text Messages Sign Language Interpreters
Other

Receiving information typically relayed through print:

Large print Braille Email Electronic format (CD) Audiotape or Audio CD
Other

Ensuring effective examination space or required medical equipment:

Height adjustable exam table Wheelchair accessible weight scale Height adjustable mammography
Lifting assistance Exam room space to maneuver mobility device
Other

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Any other modification or extra time and assistance

Extended appointment time

Appointment time flexibility

Assistance with paperwork

Simplified English

Service Animal

Other

Transportation method for getting to and from medical appointments

Self in private car/van

Public transit or taxi

Driver/Caregiver in private car/van. Driver Contact:

Paratransit. Paratransit Contact:

Other