**EASY READ APPOINTMENT LETTER TO PARENT / GUARDIAN**

Date

Dear Parent or Guardian of ---------------------------------------------------------

There is an appointment for ---------------------------------------------------- to see Dr ----------------------------------------------- for a ……general review/ dental check-up/ follow-up bloods /other (set out details) ……………………………………………………………………………

The appointment is on  *day, date, month , year*---------------------------------------------------------------------------- at ---------------------------------------------in the morning / afternoon.

The appointment is at ------------------------------------------------hospital in the -----------------------------------------------clinic / department. This clinic is on -------------------------level in -------------------------------------building.

If you have any questions or cannot come to this appointment please call --------------------------------------*(number*) and speak to the receptionist.

Please bring these things to the appointment on behalf of ……………. (Patient’s name):

* Medicare card and health care card
* The name and phone number of the treating GP
* The referral letter from the doctor
* A list of the medications that the patient is taking
* Any medical or health letters or reports
* If there is a “person responsible” who makes decisions about health care, please bring their name and phone number.

Thank you

Clinic Co-ordinator

**FORMATTED EASY READ APPOINTMENT LETTER FOR PEOPLE WITH INTELLECTUAL DISABILITY**

Date

Dear ----------------------------------------------

**Your have an appointment with Dr --------------------------**

**about --------------------------------------------------------------------------------**

**Your appointment is on –*Day of week, date, month, year----------------------------*at -------*-x* in the morning / afternoon.**

**Your appointment is at -------------------------------hospital in the ------------------------------------clinic / department. This clinic is on level -----------------------------------**

If you have any questions or cannot come to your appointment, please call ---------------*-number* and speak to the Receptionist.

On the day, please bring:

* Your Medicare card and Health Care card
* The name and phone number of your GP
* Your referral letter from your Doctor
* If you have a person to help you make decisions, please bring their name and phone number
* A list of the medicine you take
* Any letters or notes about your health

Thank you

Clinic Co-ordinator

**TEMPLATE: EASY READ FEEDBACK FORM FOR SOMEONE WITH INTELLECTUAL DISABILITY**

**We are trying to make our clinic better.**

**You can help us make our clinic better by answering this question**

Would you tell other people you know to come to this clinic because it is a good clinic?

**Yes** **No** **Unsure ?**

Do you want to say anything else about the Clinic?

Thank you for your feedback,

from the Clinic Co-ordinator

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