

Cultural & Linguistic (C&L) Training Accessibility Checksheet

How can your doctor's office serve you better? During a healthcare visit, do you need extra help? After your visit, maybe you need help to contact your doctor's office, to set up a new appointment, or to use your health benefits. Tell your doctor what your needs are by filling out this checksheet.

Name: _____ Date of Birth: _____

E-mail: _____ Cell Phone: _____

Home Phone: _____ Today's Date: _____

How does your disability impact your healthcare visits? Tell us.

Examples:

1. I use a wheelchair and need assistance to transfer to an exam table.
2. I have low vision and prefer large print text.
3. I am hard-of-hearing and need written communications.
4. My developmental disability requires more time for office visits.

Write in are below:

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Communications

See the choices below. To make (or confirm) appointments or to trade information during your next office visit, which method would you prefer? You can check more than one.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> California Relay Services | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Sign Language Interpreters | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Other _____ | |

For information mostly given in print form, you prefer ...

- | | |
|---|---|
| <input type="checkbox"/> Large print | <input type="checkbox"/> Braille |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Electronic format CD |
| <input type="checkbox"/> Audio tape or Audio CD | <input type="checkbox"/> Other _____ |

Exam room

What type of medical equipment do you need?

- | | |
|--|---|
| <input type="checkbox"/> Height adjustable exam table | <input type="checkbox"/> Wheelchair accessible weight scale |
| <input type="checkbox"/> Height adjustable mammography | <input type="checkbox"/> Other _____ |

Do you need to be lifted on the medical equipment?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Do you use a mobility device that requires more space in the exam room?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Extra Time

When you call for an appointment time, do you need more choice?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Transportation

How do you get to and from your doctor visits?

- | | |
|--|---|
| <input type="checkbox"/> Self (private car or van) | <input type="checkbox"/> Public transit (bus) |
| <input type="checkbox"/> Driver or caregiver (private car or van) Driver's phone # _____ | |
| <input type="checkbox"/> Paratransit, Paratransit's phone # _____ | |
| <input type="checkbox"/> Other _____ | |

Other help

What other forms of help do you need?

- | | |
|---|---|
| <input type="checkbox"/> Assistance filling out paperwork | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | |