Dear …………..(insert name of LD Champion),

My name is…………….. I am ……years old and I have a Learning Disability. Please make sure I am on your Learning Disability Register.

Below is some useful information about me.

I would like to have my Annual Health Check.

Please contact ……………..(me / my parents / carer) to arrange an appointment.

I can / cannot come to the surgery for this.

Below are some reasonable adjustments I will need when we meet.

Thank you

(name)





My language is:





We acknowledge and extend our thanks again to Leeds and York Partnership NHS Foundation Trust for permitting use and modification of their template.

Livewell Southwest is a Community Interest Company (CIC).
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Plymouth Community Learning Disabilities Team/FMS/09-2020