Request for Accommodation

LARGE PRINT - PRINT AND WRITE

What this form is for.

This form asks your doctor for help so that you can understand and remember what is said at your appointment.

You can ask to record the appointment. You can ask for information in writing. You can ask them to face you and speak clearly. You can ask for all of these, or just one.

You do not have to give a diagnosis. Just tick what applies to you.

SECTION 1 - About you

Your name

_____

Today's date

_____

Your doctor's name

_____

Clinic name

_____

SECTION 2 - Why you are asking

Tick every box that applies to you.

- [ ] I am **Deaf or hard of hearing.** I miss or mishear what is said.
- [ ] I need to **see your face** to follow what is being said.
- [ ] I take in **written** information much better than spoken information.
- [ ] I have trouble **remembering** what is said in appointments.
- [ ] I have a **cognitive condition** that affects my memory or processing.
- [ ] **Anxiety or stress** in medical settings makes it hard to take things in.
- [ ] I need **extra time** to process what I hear.
- [ ] **Pain, fatigue, or medication** affects my concentration.
- [ ] I need to pass instructions on to a **caregiver or support person.**
- [ ] I see **several different providers** and need an accurate record.
- [ ] Other. I will explain below.

In your own words, how does this affect you at appointments?

SECTION 3 - What you are asking for

Tick every box that would help you.

Written information

- [ ] Please **write down** the plan and instructions before I leave.
- [ ] Please **write down** medication names, doses, and any changes.

- [ ] Please **write down** next steps, referrals, and test results.

How we talk

- [ ] Please **face me** and speak clearly.
- [ ] Please give me **extra time** to answer. Please do not rush me.
- [ ] If I do not understand, please **write it down** instead of repeating it louder.
- [ ] I need a **sign language interpreter.** Please tell me how to arrange this.
- [ ] Please let me **repeat back** the instructions so we know I have understood.
- [ ] Please contact me by **text, email, or letter** instead of by telephone.
- [ ] Please let me bring a **support person** to listen and take notes.

Recording

- [ ] Please let me make an **audio recording** of my appointment.

SECTION 4 - If you are asking to record

Skip this section if you are not asking to record. If you are, tick these to show your doctor how you will use it.

- [ ] I will record **only my own appointment.** Never the waiting room or other patients.
- [ ] I will **tell you** every time before I start recording.
- [ ] I will **stop** immediately if you ask me to.
- [ ] I will use it **for my own care only.** I will not put it online.

Your signature

Date

SECTION 5 - For your doctor to complete

- ☐ **Agreed.** The accommodations above will be provided.
- ☐ **Agreed in part.** Conditions written below.
- ☐ **Recording declined.** Reason written below. Other accommodations may still be provided.

Which accommodations will be provided?

If recording is declined, the reason is:

Doctor's signature

Date

How to use this form

1. Fill in Sections 1 to 4 by hand.

2. Give it to the clinic before your appointment, or bring it with you.

3. Ask them to fill in Section 5, and **keep a signed copy for yourself.**

4. If they say no to recording, that is their right. But you now have their reason in writing.

Please ask before you record anything. The College of Physicians and Surgeons of Alberta warns that recording without your doctor knowing can result in you being discharged as a patient.

You do not have to ask to record at all. If what you need is things written down, or your doctor to face you and speak clearly, tick only those boxes. That is a request nobody can reasonably refuse.

The Alberta Disability System Breakdown - Advocate

St. Albert, Alberta | July 2026

albertadisabilitybreakdown@outlook.com