

# Health Care for A Accommodations My Checklist

This checklist helps you start a conversation with your doctor about accommodations that support you during your yearly check-up and any preventive screening. Not all accommodations may be available, but it is important to ask, so your doctor can understand your needs.

#### Instructions



#### 1. Complete this checklist at home

Read through the list and add a check mark next to any accommodations that would support you at your next appointment.



#### 2. Schedule your appointment

When you schedule your appointment, let them know that you may need some assistance. Read through your checklist and ask which accommodations the office can provide.



#### 3. Bring this checklist to your appointment

Discuss your completed checklist with your doctor.



#### 4. Keep it for next time

Save your checklist to use for future appointments.





Large print materials
Materials in Braille
Audio recordings of materials or read out loud
Magnifiers, including full page magnifiers
The sign language interpreter stays in the room with me
Video sign language interpreter (VRI)
Communication Access Realtime Translation (CART)
Voice amplifiers
Portable hearing loops
Health care professional wears clear face masks
Written materials in plain language
Visual aids
Extra time for communication and processing
Communication boards (word boards, picture boards, letter boards)
White board and dry erase marker
Text-to-speech apps
Speech-to-text apps
Other:
Other:
Other:



## Communication Before/After Appointments

I prefer to communicate through the online portal
I prefer to communicate over the phone
Other:
Other:

#### Scheduling My Appointment

Schedule my appointment when accessible equipment or extra staff are available
Schedule my appointment at times of day that will limit waiting or delays
Schedule my appointment for: the morning lunchtime the afternoon the end of day a specific time:
Allow me to have a longer appointment time
Have staff provide a tour of the office beforehand
Allow me to choose my health care professional
Other:
Other:

#### Getting Around the Office



Accessible parking close to the entrance
Wheelchair accessible office
Wheelchair accessible exam room
Staff available to assist me in navigating the facility and to push wheelchair, as needed
Staff assistance getting to and from the restroom
Staff assistance using the restroom
Provide me with a quiet area to wait
Read written information aloud to me in a private area
Other:
Other:

## Getting Ready for the Screening

Have staff available to assist me with written or electronic forms
Alternative placement for ID band (around my ankle over sock) when medically appropriate
Allow me to remain in personal clothing (where appropriate)
Staff assistance with changing my clothes
Extra time for changing my clothes
Digital scale with lift (for weight measurement, if needed)
If urine sample is needed, provide a urine hat
Other:
Other:



#### Getting Into Position for the Screening

Staff assistance with transfer
Lift/transfer equipment
Staff assistance with positioning me
Clear directions about which clothing items can stay on
Staff assistance with undressing, as needed
Private space for assistance with clothing
More time for getting ready
Support with: pillows rolled up towels wedges
Offer alternative positioning
Other:

#### During the Screening

Allow me to have a support person present, and if there are times when it is not possible, explain why, and tell me where my support person will be waiting for me
Have a minimal number of health care professionals and staff in room
Continue to explain in plain language what is happening, and can also provide picture cues
Ask before touching me
Tell me how long I need to keep still or hold a position
Explain machine sounds
Low stimulation environment (low noise, low light, low odor)
Allow me to use my own noise-cancelling headphones



	for All .
Use of sensory fidgets	
Allow me to bring familiar comfort items	
Allow time for breaks	
Check in with me to ask about my comfort	
Explain positioning needed for the screening and ask about my mobilithose positions	ty in
Additional staff to assist me in changing and holding positions	
Low volume, calming music	
Other:	
Other:	

# After the Screening

Assistance with dressing
Explain the timeline for when I will receive my results
Provide me with written instructions on what to expect next
Provide me with contact information for how to follow up on my results
Call me to share my results, whether they are negative or positive
Other:
Other:



# My Additional Accommodations

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I	



# Making preventive health screenings accessible for everyone.

More resources available at mcd.org/screening-for-all



**Screening For All** is an initiative funded by the Centers for Disease Control and Prevention (CDC)'s National Center on Birth Defects and Developmental Disabilities (NCBDDD) to address the significant barriers people with disabilities face in accessing preventive health screenings.

Developed by MCD Global Health, this project provides patients and health care practitioners with evidence-based tools and resources to make preventive health screenings accessible to all patients. Questions or comments can be sent to info@mcd.org.

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