Your Name

Street Address

City/postcode

Date

GP/practice name

Street Address

City, postcode

Dear GP/practice name:

My son/daughter/other (DELETE AS APPROPRIATE), INSERT NAME HERE, NHS number: XXXXXX has a diagnosis of Down Syndrome. I understand this means that they should automatically be placed on the Learning Disability Register.

[www.england.nhs.uk/publication/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice/](http://www.england.nhs.uk/publication/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice/)

I am writing to check whether my son/daughter/other (delete as appropriate) is on the Learning Disability Register (Quality Outcomes Framework). If they are not already, please could you put them on the register with the appropriate code at the earliest opportunity?

In terms of reasonable adjustments at the present time it would be helpful for my son/daughter to xxxxxxxx at appointments (insert any adjustments you feel your child may need, there may be nothing required).

Thank you for your assistance.

Sincerely,

Your Name

Title