Communication Needs

We want to ensure we are good at communicating with our patients. We want to make sure you can read and understand the information we send to you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know by completing this form.

Surname:		Forename:	· · · · · · · · · · · · · · · · · · ·	
Date of Birth:				
Do you suf	fer from Sens	sory Loss su	ch as…	
Deaf 🗆	Blind	Deafblind		
lf yes, do you need	d information sent to y	ou in any of the follo	wing formats	
Braille 🗆	Large Print	Audio 🗆	SMS Message □	
Email 🗆	Other D Please state	e		
Our standard letters are produced in Arial font size 12 (this is the font size you are reading now). If you require large print, please state which font size would be comfortable to read				
Font size 14 🗆	Font size 16 🗆	Font size 18	□ Font size 20 □	
Font size 2	2 🗆 Font s	size 24 □	Font size 26 🛛	
If larger please state				

Do you have difficulty making yourself understood or understanding others?

• **U Yes, because I suffer from Asphasia** (difficulty speaking due to a Neurological condition).

Please give details of how we can make communication with us easier for you

Do you have difficulty making yourself understood or understanding others?

•	□ Yes,	because	I have a	learning	difficulty.

Please tell us how we can make things easier for you. Please tick any of the things below that would help you...

Easy to read letters Letters with pictures to help you understand the words

□ Not using difficult words when we are explaining something to you

Is there anything else?

• □ Yes, I require a British Sign Language Interpreter to communicate

Do you need the Practice to provide a professional British Sign Language Interpreter or do you prefer to use a friend/relative/carer? Professional □ Friend/Relative □

Please tell us your first language_____

Do you need an interpreter with you at appointments? Yes \Box No \Box

If yes, do you need the Practice to provide a professional interpreter or do you prefer to use a friend/relative? Professional D Friend/Relative D

Do you have a friend, a member of your family or a carer who will attend your appointments with you?

Please tick yes or no... Yes D No D

If yes, would you like us to contact this person if we need to contact you or would you like us to speak or write to you first?

Please contact me
Please contact my friend/family member/carer

Please contact me and my friend/family member/carer

My friend/family member/carer's name is _____

They are a	Friend D	Family Member 🗆	Carer 🗆
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My friend/family member/ carer's telephone number is ______

Do you have any other communication needs that we have not asked you about?

If yes, please tell us about them_____

We will record the information you have given us on your medical notes so that all our staff are aware of how they can help you.

If we refer you to another organisation, for example the Hospital, we will tell them about your communication needs to make communicating with them easier for you.

If your needs change at any time or if you feel your needs are not being met, please let us know.

Patient Declaration

I declare that the information I have given is correct and where indicated I have given permission for you to make arrangements on my behalf, for example arranging an interpreter or contacting my carer.

I understand the information I have given on this form will be recorded in my medical records and shared with other health professionals when it is in my best interest to do so.

Signature:_____

Date:_____