

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 suffer from Sensory Loss such as...

Deaf Blind Deafblind

If yes, do you need information sent to you in any of the following formats...

Braille Large Print Audio SMS Message

Email Other Please state _____

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 22 Font size 24 Font size 26

If larger please state _____

Do you have difficulty making yourself understood or understanding others?

- 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

- **Yes, because my first language is not English**

Please tell us your first language _____

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

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

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 No

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 Family Member Carer

My friend/family member/ carer's telephone number is _____

