

The Cedar Brook Practice

ACCESSIBLE INFORMATION NEEDS QUESTIONNAIRE

We wish to understand and record any particular communication needs you might have. We will then do our best to meet your needs in all contacts with the Practice.

Name

Date of birth.....

Completed by patient / guardian / carer

Date completed

1. Do you have any information or communication needs relating to a disability, impairment, sensory loss or health for example – sight loss/hearing loss/visual impairment/learning disability/speech impairment

YES / NO

If YES please complete the rest of the questionnaire

If NO you don't need to answer any other questions

(Office use – if answer is no please file with registration paperwork)

2. What health problem or disability do you have?

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3. What is the best way for us to send you information?

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4. Do you need written information in a format other than standard print?

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5. What communication support could we provide for you at appointments?

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6. Can we share this information with other health and social care providers?

YES / NO

FOR OFFICE USE ONLY – completed by (Staff name)

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|----------------------------------------------------------------------------------------------------------|--------|
| 1) Add alert in emis and front desk | YES/NO |
| 2) Add correspondence format under registration in emis | YES/NO |
| 3) Add appropriate READ code to patients records | YES/NO |
| 4) Arrange for the appropriate communication method to be implemented and detail below the action taken: | |

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- 5) Pass for scanning