**PATIENT FORM - ACCESSIBLE INFORMATION STANDARD**

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| Name: |  |
| DOB: |  |
| Address: |  |
| In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication preferences. | |
| I communicate using (e.g. BSL, deafblind manual): | |
| To help me communicate I use (e.g. a talking mat, hearing aids): | |
| I need information in (e.g. braille, easy read): | |
| If you need to contact me the best way is (e.g. email, telephone): | |

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| **The Accessible Information Standard**  **(SCCI 1605 (Accessible Information))** |
| Providers of health and adult social care services have new duties to support those  who access their services who have sensory impairments and/or learning disabilities.  They must:  **1. Identify** the communication and information needs of those who use their  service;  **2. Record** the communication and information needs they have identified;  **3.** Have a consistent **flagging** system so that if a member of staff opens the  individual's record it is immediately brought to their attention if the person has a  communication or information need;  **4. Share** the identified information and communication needs of the individual  when appropriate;  **5. Meet** the communication and information needs identified. |

For more information visit: https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/