

**ACCESSIBLE INFORMATION STANDARD**

We are trying to improve how we can communicate with patients. Please tell us if you need communication support or information in a different format, this is of particular relevance to patients who have a learning disability, impairment or sensory loss such as blind or deaf.

If you wish to inform the surgery of your communication needs please complete this form and hand it to one of our receptionists.

Name …………………………………… Date of Birth …………….

Address ……………………………………………………………….

1. I require a specific contact method *(please specify)*

Eg SMS text, letter, phone etc.

…………………………………………………………………….

1. I require a specific information format *(please specify)*

Eg larger print, font type, email

…………………………………………………………………….

1. I require a communication professional *(please specify)*

Registered and qualified interpreter/translator

…………………………………………………………………….

1. I require communication support *(please specify)*

Communication aids or equipment – eg hearing aids, hearing loop

…………………………………………………………………….

Signed ……………………………………….. Date………………………

For practice use only

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| Add Read Code XaQmO “Preferred method of contact” plus one of the following:🞏 Specific Contact Method – add appropriate Read Code🞏 Specific Information Format – add appropriate Read Code 🞏 Communication Professional – add appropriate Read Code🞏 Communication Support – add appropriate Read Code |

Updated August 2016