PATIENT ACCESSIBILITY AND

COMMUNICATION FORM

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| --- | --- | --- | --- | --- |
| Mr Mrs Miss Ms Other | | Surname: | |  |
| Date of birth | / / | First names: | |  |
| NHS no: |  | | Previous name/s: |  |

**PATIENT DETAILS**

**ACCESSIBILITY AND COMMUNICATION NEEDS**

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| --- | --- | --- |
| Please detail below any specific needs you have so the practice can ensure they are identified and accommodated by taking the appropriate action: | | |
| Do you consider yourself to have a communication need? |  Yes  No | |
| How is your vision? | | |
|  Normal vision  Impaired vision   Registered partially sighted  Registered blind | | |
| Do you use any aids to assist your vision? | | |
|  Glasses  Contact lenses  None | | |
| Do you read Braille? |  Yes  No | |
| How is your hearing? | | |
|  Hearing normal  Hearing loss  Presbyacusis   Mild hearing loss  Moderate hearing loss  Severe hearing loss   Profound hearing loss  Registered deaf | | |
| Do you use any aids to assist your hearing? | | |
|  No hearing aid  Use hearing aid  Should use hearing aid | | |
| Do you lip read? |  Yes  No | |
| Do you use sign language? |  Yes  No | |
| What is your main language? |  | |
| Do you require an interpreter? |  Yes  No | |
| If your main language is not English, do you speak and understand English well? |  Yes  No | |
| Do you have issues with any of the following (please circle)? | | |
|  Speech  Reading  Writing | | |
| Do you have a learning disability? If yes, please detail below: | | Yes  No |
|  | | |
| If you use a communication aid please specify below (e.g. electronic note taker, speech to text reporter, gestures, etc.) | | |
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| If you require information from the medical centre to be delivered to you in a certain format please specify below (e.g. written communication in large print or braille, telephone communication only, communication through a carer, etc.) | | |
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