PATIENT ACCESSIBILITY AND

COMMUNICATION FORM

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

 **PATIENT DETAILS**

**ACCESSIBILITY AND COMMUNICATION NEEDS**

|  |
| --- |
| 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.) |
|  |
| 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.) |
|  |