**Winterton Medical Practice**

**Communication / Information Needs Form**

**The Accessible Information Standard** aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / orvisual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

Name: ………………………………………………………………Date of birth: …………………….

• Do you have communication needs? Yes € No €

**If your answer is Yes – Please complete the remainder of this form.**

• Do you need a format other than standard print? Yes € No €

• Do you have any special communication requirements? Yes € No €

• How do you prefer to be contacted? ………………………………….……...

• What is your preferred method of communication? …………………..………………

• How would you like us to communicate with you? ………………………………..……

• Can you explain what support would be helpful? …………………………….………

• What is the best way to send you information? ………………………………………....

• What communication support could we provide for you? ………………….………

………………………………………………………………………………………………………………………..

*See over for information regarding carers:*

If you have a carer do they need communication assistance? Yes € No €

If ‘Yes’ what is your Main Carer’s name: ………………………………………………………..

Do you consent to the practice contacting your main carer regarding your care? Yes € No €

What is the best way to contact them?

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

***Please post or hand this form in to the surgery – thank you.***

***Practice Information Only:***

*Please pass to Katie Smith for processing*