

# Communication Needs

We want to ensure we are good at communicating with our patients. We want to make sure you can read and understand the information we send to you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know by completing this form.

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Do you suffer from Sensory Loss such as...

Deaf  Blind  Deafblind

If yes, do you need information sent to you in any of the following formats...

Braille  Large Print  Audio  SMS Message

Email  Other  Please state \_\_\_\_\_

Our standard letters are produced in Arial font size 12 (this is the font size you are reading now). If you require large print, please state which font size would be comfortable to read...

Font size 14  Font size 16  Font size 18  Font size 20

Font size 22  Font size 24  Font size 26

If larger please state \_\_\_\_\_

## Do you have difficulty making yourself understood or understanding others?

- Yes, because I suffer from **Asphasia** (difficulty speaking due to a Neurological condition).

Please give details of how we can make communication with us easier for you

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## Do you have difficulty making yourself understood or understanding others?

- **Yes, because I have a learning difficulty.**

Please tell us how we can make things easier for you. Please tick any of the things below that would help you...

Easy to read letters     Letters with pictures to help you understand the words

Not using difficult words when we are explaining something to you

Is there anything else? \_\_\_\_\_

\_\_\_\_\_

- **Yes, I require a British Sign Language Interpreter to communicate**

Do you need the Practice to provide a professional British Sign Language Interpreter or do you prefer to use a friend/relative/carer?    Professional     Friend/Relative

- **Yes, because my first language is not English**

Please tell us your first language \_\_\_\_\_

Do you need an interpreter with you at appointments?    Yes     No

If yes, do you need the Practice to provide a professional interpreter or do you prefer to use a friend/relative?    Professional     Friend/Relative

## Do you have a friend, a member of your family or a carer who will attend your appointments with you?

Please tick yes or no...    Yes     No

If yes, would you like us to contact this person if we need to contact you or would you like us to speak or write to you first?

Please contact me     Please contact my friend/family member/carer

Please contact me **and** my friend/family member/carer

My friend/family member/carer's name is \_\_\_\_\_

They are a...    Friend     Family Member     Carer

My friend/family member/ carer's telephone number is \_\_\_\_\_

# Do you have any other communication needs that we have not asked you about?

If yes, please tell us about them\_\_\_\_\_

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**We will record the information you have given us on your medical notes so that all our staff are aware of how they can help you.**

**If we refer you to another organisation, for example the Hospital, we will tell them about your communication needs to make communicating with them easier for you.**

**If your needs change at any time or if you feel your needs are not being met, please let us know.**

**Patient Declaration**

I declare that the information I have given is correct and where indicated I have given permission for you to make arrangements on my behalf, for example arranging an interpreter or contacting my carer.

I understand the information I have given on this form will be recorded in my medical records and shared with other health professionals when it is in my best interest to do so.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_