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**COMMUNICATION NEEDS**

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| --- | --- |
| **PATIENT DETAILS** | |
| **NAME:** |  |
| **DATE OF BIRTH:** |  |
| **CONTACT NUMBERS:** | **HOME:**  **WORK:**  **MOBILE:** |
| **EMAIL:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

**PREFERRED METHOD OF CONTACT:**

**Please indicate below which would be your preferred method of contact:**

|  |  |  |
| --- | --- | --- |
| Home Telephone | Work Telephone | Mobile Telephone |
| Text Message | Email | Letter |
| No preference | | |

**COMMUNICATION NEEDS:**

**Accessible Information Standard**

If you have a communication need and would like to receive information in a different format to help you understand, please inform us. Such formats could include large print or easy-read documents etc. Once we have this information we will record it in your medical record so we can take steps to ensure you receive information you can access and understand and also receive any communication support you require.

**Due to my disability, impairment or sensory loss I would prefer the following indicated method of communication:**

|  |  |  |
| --- | --- | --- |
| Written | Verbal | Email |
| Contact my carer | Text Message | |

**Please indicate if any of the below apply to you:**

|  |  |  |
| --- | --- | --- |
| I need information in large print | I use a hearing aid or communication tool | I lip read |
| I need information in easy read | I use sign language | I need an interpreter or advocate |