

# New Patient Questionnaire Accessible Information Standard

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**Do you have difficulty hearing, or need hearing aids, or need to lip-read what people say?**

Yes  No

**Do you have difficulty with memory or ability to concentrate, learn or understand?**

Yes  No

**Do you have difficulty speaking or using language to communicate or make your needs known?**

Yes  No

**Do you have any special communication requirements/require specific communication support?**

Sign language  British Sign Language  Makaton sign language  Tadoma sign language

Lip reading  Manual or electronic note taker  Speech to text reporter  Deafblind intervener

Loop system  Other \_\_\_\_\_

**What is the best way to send you information?**

Telephone  Text relay  SMS  Letter  Email  Other: \_\_\_\_\_

**Do you need a format other than standard print?**

Braille  Easy Read  Large print e.g. at least 20 point font

Electronic audio format e.g. MP3 or disk  Other: \_\_\_\_\_

**Do you need an assistance of Communication Professional?**

Interpreter for Deafblind People  BSL Interpreter  Makaton interpreter  Tadoma interpreter

Lipspeaker  Notetaker  Sign Language Translator  Speech to Text Reporter

Other \_\_\_\_\_

**Do you need an advocate?** (Someone who will support you to communicate or to express your point of view)