

**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 / or visual loss and people with a learning disability. However, this list is not exhaustive.

- Do you have communication needs? Yes  No
- 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? \_\_\_\_\_  
\_\_\_\_\_
- Are there any other methods of communication you would find acceptable?  
\_\_\_\_\_
- 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? \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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