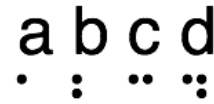


## PATIENT COMMUNICATION NEEDS (ACCESSIBLE INFORMATION STANDARDS)

Do you have a disability, impairment or sensory loss and need to receive information in a way you can easily understand? then we want to help you for example; **(Please complete and give to reception)**



Large Print



Braille



tpa

Via Email or (secure online account)



Hearing Impaired



Alternative Languages



Other Support

If **YES**, please complete this form and give this to us at reception so we can make sure we can record your needs and that you have access to information wherever possible in a format that you understand.

PATIENT DETAILS					
FIRST NAME				MIDDLE NAME	SURNAME
DATE OF BIRTH:				ADDRESS:	POST CODE:
DATE	DAY	MONTH	YEAR		
HOME NUMBER:				MOBILE NUMBER:	EMAIL: @
PLEASE LIST YOUR DISABILITY/IMPAIRMENT:					

? Can we share your record with other health professionals who are involved in your care (this will help them also to provide information that is suitable to your needs?) **YES/NO**

? Do you have a **CARER** you would like us to record on your records? **YES/NO**


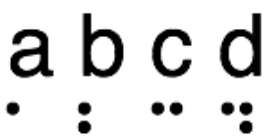









Are **they** a patient **here** at our **SURGERY**? **YES/NO**

SPOUSE/CARER/NOMINATED PERSON DETAILS					
FIRST NAME				MIDDLE NAME	SURNAME
DATE OF BIRTH:				ADDRESS:	POST CODE:
DATE	DAY	MONTH	YEAR		
HOME NUMBER:				MOBILE NUMBER:	EMAIL: @

Do you want us to share any of your medical information with the named person above? **YES/NO**

Are you happy for us to leave any phone messages for you with the above person? **YES/NO**

Continue over the page

 <p>Visually impaired We can provide some information on CD or direct you to other NHS resources' where you can listen to information.</p>	<p>AA aa      20 point <input type="checkbox"/></p> <p>AA aa      24 point <input type="checkbox"/></p> <p>AA aa 28 point <input type="checkbox"/></p>	<p>Other information you want to provide:</p>
 <p>Braille</p>	<p>(There is limited information available in braille but we will always do our very best to provide in this format or another suitable format.)</p>	<p>Other information you want to provide:</p>
 <p>Via Email</p>	<p>We cannot send <u>any clinical information</u> via email, but, if you register for our 'online services' we can communicate via your secure online account – ask our staff for details it only takes 10 minutes to register with us – I.D. is required.</p>	<p>Other information you want to provide:</p>
 <p>Hearing Impaired (tick all you need)</p> <p> By letter <input type="checkbox"/></p> <p> By text <input type="checkbox"/></p> <p> It's ok to phone me <input type="checkbox"/></p>	<p>If you are hearing impaired or deaf we can support you with a number of communication methods please tick all that you may wish to use.</p>	<p>Other information you want to provide:</p>
<p>Telephone contact (tick all that applies)</p> <p> It's ok to phone me <input type="checkbox"/></p> <p>It's ok to phone my carer <input type="checkbox"/></p> <p> By text <input type="checkbox"/></p>	<p>We know that some patients may have adapted assisted technologies which enable them to take phone calls -</p>	<p>Other information you want to provide:</p>
 <p>What other support might you need ?</p>	<p>Our Practice Team will do their best to support you with your needs this may also include referral with your permission to the many support services in North Kirklees.</p>	<p>Other information you want to provide:</p>
<p>Alternative Languages</p>  <p>alternatív nyelvek <input type="checkbox"/> Hungarian</p> <p>Limbi alternative <input type="checkbox"/> Romanian</p> <p>متبادل زبانوں <input type="checkbox"/> Urdu</p> <p>ਵਿਕਲਪਕ ਭਾਸ਼ਾ <input type="checkbox"/> Punjabi</p>	<p>We have telephone interpreter services to help you with translation.</p> <p>Van telefon tolmács segítségével fordítási.</p> <p>Avem servicii de interpret de telefon pentru a vă ajuta cu traducerea.</p> <p>ہم ٹیلیفون انٹرپریٹر کی خدمات ترجمہ کے ساتھ آپ کی مدد کرنے کے لئے ہیں</p> <p>ਸਾਨੂੰ ਟੈਲੀਫੋਨ ਦੁਆਰਾ ਸੇਵਾ ਅਨੁਵਾਦ ਦੇ ਨਾਲ ਤੁਹਾਡੀ</p>	<p>Other information you want to provide:</p>