**The Accessible Information Standard**

**We wish to understand and record any particular communications needs you might have. We will then do our best to meet your needs in all contacts with the practice.**

**Is your communication with others affected by a health problem or disability which has lasted or expected to last at least 12 months YES NO**

**If YES please complete the rest of questionnaire.**

**If No you do not need to answer any further questions.**

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, E.g. in large print, braille or via email, and professional communication support if needed.

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….**

**Please state any sensory impairment (**please circle)  **speech hearing sight Other**

**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?**

**Name……………………………. Date of Birth……………….**

**Do you have a carer YES…..NO….**

**(if so do they require communication assistance) YES…NO…**

**What is your main carer’s name:………………………………………………**

**Do you consent to the practice contacting your main carer regarding you care YES….NO….**

**What is the best way to contact them?.................................................................**

**Signed………………………………… Date……………………………**

Further Information: <https://www.england.nhs.uk/ourwork/patients/accessibleinfo>