

**Do we make ourselves clear?**

**Accessible Information and Communication Format Request Form**

We want to ensure that you can access and understand information.

This applies to patients and their carers who have information and/or communication needs relating to a disability, impairment or sensory loss.

**Please use this form to let us know how we can meet your communication needs.**

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Date of request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Your Communication Circumstances (tick any which apply)**

I use a hearing aid

I lipread

I use British Sign Language

Other (please specify) \_\_\_\_\_

**Is there a preferred way you'd like us to contact you?**

Yes:

No

By telephone

By SMS message

By letter

Other (please specify) \_\_\_\_\_

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

Yes:

No

Require info in Easy Read

Require info Verbally

Require written info in at least 20 point sans serif font

Require written info in at least 28 point sans serif font

Require info in uncontracted (Grade 1) Braille

Require info in contracted (Grade 2) Braille

Require info in audio format

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**Do you need any support when visiting the Practice?**

Yes:

No

Tactile alerts (e.g. can't see the patient call screen)

British Sign Language interpreter needed

Makaton Sign Language interpreter needed

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**Thank you - please return your form to the Practice reception.**

**Practice Use Only**

AI template completed & reminders set up

Member of staff signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_