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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 have access to professional communication support if they need it, i.e. 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, people who are deaf/blind and people with a learning disability. However, this list is not exhaustive.

| Do you have communication needs? | | | | | | YES | NO |
|--|-----------------|------------------------|------|-----------|--------------|-----|---------|
| Do you need information in a format other than standard print? | | | | | | YES | NO |
| | | | | | | | |
| What is your preferred | EMAIL – Please | | TEXT | TELEPHONE | LETTER – | | BRAILLE |
| method of communication? | state font size | | | | please state | e | |
| | | | | | font size | | |
| What communication | Communic | icator BSL Interpreter | | | | | |
| support could we provide | Guide | | | | | | |
| for you during | | | | | | | |
| appointments? | | | | | | | |
| | | | | | | | _ |
| If you have a carer do they need communication assistance? | | | | | YES | NO | |
| If YES, please tell us 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? | | | | | | | |

Your Full Name in BLOCK CAPITALS

Date of Birth

Signed

Date

PLEASE POST OR HAND THIS FORM TO THE RECEPTIONIST Thank you