**Dr Ross & Partners**

**Accessible Information Standard**

We will always try to provide correspondence and information in formats patients will find easy to understand-if you have any communication requirements (e.g. if you are blind, deaf or have difficulty reading or if you require sign interpreters etc.) please let us know and we will help.

This form has been written so you can let us know of any specific needs you might, have so we can record these on your records for future reference.

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

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

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Communication Support You Require**

o I use a hearing aid

o I use sign language

o I use British sign language

o I use Makaton sign language

o I use lip-reading

o I use a communication device which is: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

o I require slow verbal communication

o I require loud verbal communication

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Specific Contact Method You Require**

o I require contact by telephone

o I require contact by short text message

o I require contact by letter

o I require contact by email

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Specific Information Format You Require**

o I require information verbally

o I require information in Easyread format

o I require information by email

o I require information in contracted (Grade 2) Braille

o I require information in uncontracted (Grade 1) Braille

o I require written information in at least 20 point sans serif font

o I require written information in at least 24 point sans serif font

o I require written information in at least 28 point sans serif font

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Communication Professional You Require**

o I require a British Sign Language (BSL) interpreter

o I require a Makaton Sign Language interpreter

o I require a deafblind communicator guide

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Nature of your Communication Need**

O Registered partially sighted

o Registered blind

o Deafness

o Bilateral deafness

o Unilateral deafness

o Partial deafness

o On learning disability register

o Autistic spectrum disorder

o Dyslexia

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_