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 professional communication support if they need it, for example from 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 / orvisual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

| • Do youhave communication needs? | Yes | | No 🗆 |
|---|-----------------|-------|-------|
| • Do you need a format other than standard print? | Yes | | No 🗆 |
| • 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: | • • • • • • • • | | |
| If you have a carer do they need communication assistance? | Yes | | No □ |
| If 'Yes' what is your Main Carer's name: | Yes | | |
| What is the best way to contact them? | | ••••• | |
| Signed: Date: Please post or hand this form in to the surgery – thank you. | | | |