

Northlands Wood Practice
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 West Sussex
 RH16 3TG



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www.northlandswoodpractice.com

Accessible Information Standard

We want to ensure that all communication we have with our patients is clear and set out in a way that is easy to understand. If you have a disability, impairment or sensory loss, please let us know how you would like us to communicate with you by completing this form.

Name:		DOB:
Do you have a specific condition that affects, or may affect , day to day communication? YES/NO		
Please tick preferred communication/ information method:		
<input type="checkbox"/>	Requires contact by telephone (9Nf4) Telephone number..... Consent to leave messages on answer phone YES/NO	
<input type="checkbox"/>	Requires information verbally (9Nf1)	
<input type="checkbox"/>	Requires contact via carer (9Nff) Carer's Name..... Carer's Contact number.....	Does your carer have any communication needs? YES/NO
<input type="checkbox"/>	Requires contact by letter (9NfQ)	
<input type="checkbox"/>	Requires contact by email (9NfR) Email address.....	
<input type="checkbox"/>	Requires written information in large format (9Nf0) 14pt / 16pt / 18pt	
<input type="checkbox"/>	Please let us know if you need added support during a consultation British Sign Language / Advocate / Carer present Other	
<input type="checkbox"/>	Other (if we are able to offer in the future)	
<input type="checkbox"/>	I do not have a preferred method of communication/information	

Please turn over to continue form

Consent to share with other Health Care Providers

<p>To ensure that other health care professionals involved in your care are also able to support you with these needs, do we have your consent to share this information with them?</p>	<p>YES/NO</p>
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Consent for preferred method of contact

<p>I confirm that I give consent for Northlands Wood Practice to contact me by my ticked preferred method of contact and consent to the extra information given above. I shall inform the Practice if my contact details change.</p> <p>Signed: _____ Date: _____</p>

Office use only: yellow sheet→ reception		EMIS NUMBER:				
Add Alert of communication method	Record preferred method of contact	9N code that been asked	Record consent to tell other Healthcare providers	Record email consent 9Nds	Scan	