

To be completed if you have specific communication needs

**Communication Support**

If you struggle to complete this form, please ask a member of staff to help you.

Do you consent for this information to be shared with other health & social care organisations? Yes [ ] No [ ]

Do you need an interpreter? Yes [ ] No [ ] Language:.....

Are you visual Impaired? Yes [ ] No [ ]

Would you benefit from any of the following: Braille [ ] Large Print [ ] Audio tape [ ]  
(please note that our system don't allow this at present, however, capturing the information will help us plan future developments)

Deafness: Yes [ ] No [ ] Other.....

If you have a difficulty communicating, which is your preferred method of communication.

- |                   |     |                             |     |
|-------------------|-----|-----------------------------|-----|
| Home tel number   | [ ] | letter to home address      | [ ] |
| Work tel number   | [ ] | letter to temporary address | [ ] |
| Mobile tel number | [ ] | Fax                         | [ ] |
| Email address     | [ ] | video conference*           | [ ] |

(\*please note that our system don't allow this at present, however, capturing the information will help us plan future developments)

*Do you have any other communication need we should know about? Please Describe?*

**Carer Information**

(i) Are you a carer for someone? (Y/N) If yes, are they registered at this practice? (Y/N)

Name of the person you care for.....Their contact number.....

(ii) Do you have a carer? (Y/N) If yes, are they registered at this practice? (Y/N)

Name of the person you care for.....Their contact number.....

***Please ask for a Carers Pack from reception***

Name..... Date of Birth:...../...../.....

Please note: The information you give will be treated confidentially and is subject to the Data Protection Act.