

Living Well Partnership

ACCESSIBLE INFORMATION HOW DO YOU COMMUNICATE?

Please answer the questions below and provide additional comments where needed. If you require assistance filling out this form, please ask a member of our Reception team to help you.

Name:	
Date of birth:	

1. DO YOU HAVE ANY SPECIAL COMMUNICATION REQUIREMENTS?

YES		
NO		
If yes, please provide details of your communication needs:		

2. HOW DO YOU PREFER TO BE CONTACTED?

Please provide details:		
Not applicable		

3. PLEASE PROVIDE ANY ADDITIONAL INFORMATION

Not applicable		

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SPECIFIC REQUIREMENTS

Please tick any of the following boxes that apply to you.

PROFESSIONAL COMMUNICATION					
	YES	NO		YES	NO
Interpreter needed – British Sign Language			Hands-on signing interpreter needed		
Interpreter needed – Makaton Sign Language			Requires speech to text reporter		
Visual frame sign language interpreter needed			Needs an advocate		
Sign Supported English interpreter needed			Requires manual note taker		
Requires deafblind manual alphabet interpreter			Requires lipspeaker		
Requires deafblind block alphabet interpreter			Requires deafblind communicator guide		
Requires deafblind haptic communication interpreter					

COMMUNICATION SUPPORT					
	YES	NO		YES	NO
Uses Personal Communication Passport			Uses textphone		
Uses electronic note taker			Uses lipspeaker		
Uses speech to text reporter			Using lip-reading		
Preferred method of communication: written			Uses a legal advocate		
Uses deafblind intervener			Uses manual note taker		
Uses communication device			Uses a citizen advocate		
Using Makaton sign language			Does use hearing aid		
Uses alternative communication skill			Uses sign language		
Uses cued speech transliterator			Using British sign language		

CONTACT METHOD					
	YES	NO		YES	NO
Requires contact by telephone					
Requires contact by text relay					
Requires contact by short message service text message					
Requires contact by letter					

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Requires contact by email		
Requires audible alert		
Requires visual alert		
Requires tactile alert		

SPECIFIC INFORMATION					
	YES	NO		YES	NO
Requires information on digital versatile disc			Requires information on USB mass storage device		
Requires written information in (at least) 20pt sans-serif font			Requires written information in (at least) 28 point sans serif font		
Requires information on audio cassette tape			Requires information in Makaton		
Requires information in uncontracted (Grade 1) Braille			Requires information in Moon alphabet		
Requires information in contracted (Grade 2) Braille			Requires information in Easyread		
Requires information in electronic audio format			Requires information by email		
Requires written information in (at least) 24 point sans serif font			Requires information on compact disc		
Requires information in electronic downloadable format			Requires information verbally		

RECEPTIONIST TO COMPLETE			
Checked by:		Date:	
Entered on TPP by:		Date:	
Sent to Admin by:		Date:	