

New Patient Questionnaire Accessible Information Standard

Do you have difficulty hearing, or need hearing aids, or need to lip-read what people say?

Yes No

Do you have difficulty with memory or ability to concentrate, learn or understand?

Yes No

Do you have difficulty speaking or using language to communicate or make your needs known?

Yes No

Do you have any special communication requirements/require specific communication support?

Sign language British Sign Language Makaton sign language Tadoma sign language

Lip reading Manual or electronic note taker Speech to text reporter Deafblind intervener

Loop system Other _____

What is the best way to send you information?

Telephone Text relay SMS Letter Email Other: _____

Do you need a format other than standard print?

Braille Easy Read Large print e.g. at least 20 point font

Electronic audio format e.g. MP3 or disk Other: _____

Do you need an assistance of Communication Professional?

Interpreter for Deafblind People BSL Interpreter Makaton interpreter Tadoma interpreter

Lipspeaker Notetaker Sign Language Translator Speech to Text Reporter

Other _____

Do you need an advocate? (Someone who will support you to communicate or to express your point of view)