

Communication questionnaire



This questionnaire is aimed at patients who feel they experience difficulties in their communication with the practice due to a disability or sensory impairment. Please complete this form to ensure that we communicate with you in the most effective way.

If you are not able to complete this form, you may request a discussion with a member of staff to record your needs.

Please answer the questions below

Name:
Date of Birth:

1. Do you have any communication or information needs relating to a disability or sensory impairment?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:

2. Do you need any support when visiting the practice (e.g. BSL interpreter?)

Yes <input type="checkbox"/> Please specify:
No <input type="checkbox"/>

Please turn over

3. Our standard methods of communication are via phone contact and through posted letters / printed documents.

If either of these methods of communication are difficult for you to use, please indicate this below and state how we can make it easier for you (e.g. large print letters) or which alternative method of communication would suit you best (e.g. braille)

Phone communication

Preferable method of communication:

Printed written communication

Preferable method of communication:

4. Please confirm any necessary details for the communication methods indicated above (e.g. phone number, email address). We may contact you to further clarify your requirements.

Necessary details:

Signature:

Date: