


Accessible Information Needs Questionnaire

At the Wand Medical Centre we want to make sure that we give you information in a way that is clear to you, and to have on record any communication needs you might have.

The NHS Accessible Information Standard aims to ensure those patients and their carers who have a disability, impairment or sensory loss can receive access and understand information and that they receive professional communication support if they need it.








This questionnaire has been designed to give you the opportunity to inform us if you have any difficulty in reading or understanding the information that we send you and record your preferred way of communicating with the surgery and its staff.


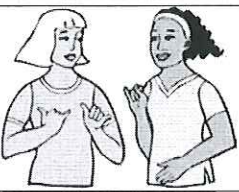
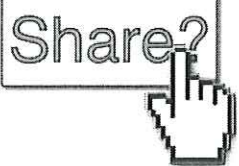
	Question	Please tick 	
1.	Do you have any communication or information needs which are related to a disability, impairment, sensory loss or learning disability?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
2.	When we write to you or contact you, do you need us to communicate in a particular way?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

If your answer is **no** to questions one and two, **please sign and date** the form and return to the reception staff. If yes, please complete the rest of this form.



	Question	Answer
3.	What disability, impairment, sensory loss do you have that affects your communication or information needs?	

Please choose your preferred method for us to contact you with information, such as a letter to invite you in for a flu vaccination:

	Method or Format	Please tick or provide details 
	Text (please confirm the number)	
	Email (please confirm your email address)	
	Large print	
	Braille	
	Easy read document	
	Other (please tell us what this is)	

		Question	Please tick 	
4.		When you come into surgery for an appointment do you need a British Sign Language interpreter?	Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
5.		Can we share this information with other health and social care providers (for example if you needed to attend an outpatient clinic at hospital)?	Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>

ALL INFORMATION WILL BE TREATED IN CONFIDENCE AND IS SUBJECT TO DATA PROTECTION LAWS

	Your details	Please fill in the boxes below
	Your full name	
	Your date of birth	
	Today's date	

Thank you for completing this form, please return it to the reception. We will update your patient records so that every time you book an appointment or we need to contact you we will do so using your preferred method.

You can find more information about the NHS Accessible Information Standard on NHS England's website

<https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>

or on the surgery's website www.thewandmedicalcentre.nhs.uk

Please return this completed form to reception.

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