

**Crawley Down Health Centre**  
**Bowers Place, Crawley Down**  
**West Sussex RH10 4HY**  
**Tel: 01342 713031**  
**Fax: 01342 718715**

Partners: Dr D W Jefferies  
 Dr L Osoba  
 Salaried Dr N Saleemi  
 Dr T Yousaf  
 Dr P Uppal

**Accessible Information Standard**

We want to ensure that all communication we have with our patients is clear and set out in a way that is easy to understand. If you have a disability, impairment or sensory loss, please let us know how you would like us to communicate with you by completing this form.

<b>Name:</b>		<b>DOB:</b>
<b>Do you have a specific condition that affects, or may affect , day to day communication?</b> <b>YES/NO</b>		
Please <b>tick</b> preferred communication/ information method:		
<input type="checkbox"/>	<b>Requires contact by telephone (9Nf4)</b> Telephone number..... Consent to leave messages on answer phone YES/NO	
<input type="checkbox"/>	<b>Requires information verbally (9Nf1)</b>	
<input type="checkbox"/>	<b>Requires contact via carer (9Nff)</b> Carer's Name..... Carer's Contact number.....	<b>Does your carer have any communication needs?</b> <b>YES/NO</b>
<input type="checkbox"/>	<b>Requires contact by letter (9NfQ)</b>	
<input type="checkbox"/>	<b>Requires contact by email (9NfR)</b> Email address.....	
<input type="checkbox"/>	<b>Requires written information in large format (9Nf0)     14pt / 16pt / 18pt</b>	
<input type="checkbox"/>	<b>Please let us know if you need added support during a consultation</b> British Sign Language / Advocate / Carer present Other .....	
<input type="checkbox"/>	<b>Other (if we are able to offer in the future)</b> .....	
<input type="checkbox"/>	<b>I do not have a preferred method of communication/information</b>	

**Please turn over to continue form**

**Consent to share with other Health Care Providers**

<p><b>To ensure that other health care professionals involved in your care are also able to support you with these needs, do we have your consent to share this information with them?</b></p>	<p><b>YES/NO</b></p>
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**Consent for preferred method of contact**

**I confirm that I give consent for Crawley Down Health Centre to contact me by my ticked preferred method of contact and consent to the extra information given above. I shall inform the Practice if my contact details change.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

Office use only: → reception		EMIS NUMBER:				
Add Alert of communication method	Record preferred method of contact	389 code that been asked	Record consent to tell other Healthcare providers	Record email consent 9Nds	Scan	