



LAUREL BANK SURGERY

COMMUNICATION QUESTIONNAIRE

We want to improve the way we communicate with our patients. We want to make sure we give you information that you can easily understand.

We would be grateful if you, or someone on your behalf, would complete the questionnaire below and give to Reception. Please complete, even if you think we may already this information.

Patient name	
Date of birth	
Signed	
Print name (if you are not the patient)	
Date completed	

		Please tick	Additional info/comments
Difficulty or disability:			
1	Deafblind	<input type="checkbox"/>	
2	Registered blind	<input type="checkbox"/>	
3	Registered partially sighted	<input type="checkbox"/>	
4	Have difficulty reading small writing	<input type="checkbox"/>	
5	Registered deaf	<input type="checkbox"/>	
6	Partial deafness	<input type="checkbox"/>	
7	One-sided deafness	<input type="checkbox"/>	
8	Bilateral deafness	<input type="checkbox"/>	
9	On learning disability register	<input type="checkbox"/>	
10	Autistic spectrum disorder	<input type="checkbox"/>	
11	Dyslexia	<input type="checkbox"/>	
12	Other	<input type="checkbox"/>	
Support needed:			
Do you:		<input type="checkbox"/>	
1	Have a legal advocate?	<input type="checkbox"/>	
2	Use a citizen advocate?	<input type="checkbox"/>	
3	Use a hearing aid?	<input type="checkbox"/>	
4	Use BSL?	<input type="checkbox"/>	
5	Use Makaton?	<input type="checkbox"/>	
6	Use lip-reading?	<input type="checkbox"/>	
7	Use speech to text reporter?	<input type="checkbox"/>	

8	Use lipspeaker?	<input type="checkbox"/>	
9	Use textphone?	<input type="checkbox"/>	
10	Prefer only to be written to? If so, by email or post?	<input type="checkbox"/>	
11	Use a personal Communication Passport?	<input type="checkbox"/>	
12	Use a deafblind intervener?	<input type="checkbox"/>	
13	Need slow spoken communication?	<input type="checkbox"/>	
14	Need loud spoken communication?	<input type="checkbox"/>	
15	Need your medication labels in large font?	<input type="checkbox"/>	
16	Other	<input type="checkbox"/>	

Due to a communication difficulty/disability, how would you like us to contact you, and how would you like to contact us?

1	By telephone	<input type="checkbox"/>	
2	By text message	<input type="checkbox"/>	
3	By email	<input type="checkbox"/>	
4	By written letter (post)	<input type="checkbox"/>	
5	Easy Read	<input type="checkbox"/>	
6	Other	<input type="checkbox"/>	

Due to a disability, would you require information in the following formats?

1	Large font (28 point sans serif font)	<input type="checkbox"/>	
2	Easy Read	<input type="checkbox"/>	
3	DVD	<input type="checkbox"/>	
4	USB storage device	<input type="checkbox"/>	
5	Electronic downloadable format	<input type="checkbox"/>	
6	Audio cassette tape	<input type="checkbox"/>	
7	Moon alphabet	<input type="checkbox"/>	
8	Makaton	<input type="checkbox"/>	
9	Braille (Grade 2)	<input type="checkbox"/>	
10	Braille (Grade 1)	<input type="checkbox"/>	
11	Other	<input type="checkbox"/>	

Do you require a communication professional?

1	Interpreter – British Sign Language	<input type="checkbox"/>	
2	Interpreter – Makaton sign language	<input type="checkbox"/>	
3	An advocate	<input type="checkbox"/>	
4	Sign supported English interpreter	<input type="checkbox"/>	
5	Deafblind communicator guide	<input type="checkbox"/>	
6	Deafblind manual alphabet interpreter	<input type="checkbox"/>	
7	Deafblind block alphabet interpreter	<input type="checkbox"/>	
8	Deafblind haptic communication interpreter	<input type="checkbox"/>	
9	Manual note taker	<input type="checkbox"/>	
10	Lipspeaker	<input type="checkbox"/>	
11	Visual frame sign language interpreter	<input type="checkbox"/>	
12	Hands-on signing interpreter	<input type="checkbox"/>	
13	Speech to text reporter	<input type="checkbox"/>	
14	Other	<input type="checkbox"/>	

If you have **no** communication needs, please tick here