

EVERGREEN OAK AND CREEKMOOR SURGERIES

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ADDITIONAL COMMUNICATION QUESTIONNAIRE

Please complete all pages in FULL using BLOCK capitals

Name

Date of Birth (DD/MM/YY)

NHS Number

Do you use British Sign Language? Yes No

Do you require a Sign Language interpreter? Yes No

If yes, which type of Sign Language interpreter do you require?

Do you lip read? Yes No Do you use a lip speaker? Yes No

Do you use a note taker? Yes No

If yes, please give details of type of note taker and if a speech to text reporter is required?

Do you use a telecommunications device for the deaf? Yes No

Do you use a deaf/blind intervener? Yes No

Do you have a **Legal Advocate*** or a **Citizen Advocate*** to help you? Yes No

If so, please provide their details: *Please delete as appropriate

Name Telephone Number

Do you require an alert to be informed when it is your appointment time? Yes No

If so, what type of alert? Audible Visual Tactile

How would you like to be contacted (please tick preferred option)?

Telephone Text Letter Braille (Grade 1 or Grade 2)

Email Please provide your email address:

If we are writing to you, please indicate which font size you require:

Font 12 Font 16 Font 20

Font 24 Font 28

Please give us any other details about difficulties you may have with communication and how we may help you?

For administrative use only

Form checked and coded

Form scanned