**PATIENT FORM - ACCESSIBLE INFORMATION STANDARD**

|  |  |
| --- | --- |
| Name: |  |
| DOB: |  |
| Address: |  |
| In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication preferences. |
| I communicate using (e.g. BSL, deafblind manual): |
| To help me communicate I use (e.g. a talking mat, hearing aids): |
| I need information in (e.g. braille, easy read): |
| If you need to contact me the best way is (e.g. email, telephone): |

|  |
| --- |
| **The Accessible Information Standard****(SCCI 1605 (Accessible Information))** |
| Providers of health and adult social care services have new duties to support thosewho access their services who have sensory impairments and/or learning disabilities.They must:**1. Identify** the communication and information needs of those who use theirservice;**2. Record** the communication and information needs they have identified;**3.** Have a consistent **flagging** system so that if a member of staff opens theindividual's record it is immediately brought to their attention if the person has acommunication or information need;**4. Share** the identified information and communication needs of the individualwhen appropriate;**5. Meet** the communication and information needs identified. |

For more information visit: https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/