

ASHFIELD SURGERY

Please complete the form below and hand to receptionist.

Name:

Address:

ID number:

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):