## Ashdown Forest Health Centre Accessible Information Form

This form gives the surgery staff important information about you and will allow the surgery to meet your individual needs whenever we need to contact you or when you visit the surgery.

If you need help to fill this in, please ask a member of staff, your GP or nurse, a family member or friend.

# ABOUT ME

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| My name …………………………………………………………………………….  Address ……………………………………………………………………  Date of birth ……………………………………..  Landline ‘phone number………………………………………….  Mobile ‘phone number……………………………………………  Are you happy for us to send reminder text messages to your mobile ‘phone number? **Yes [ ] No [ ] *Please tick***  Do you have an email address you would like to give us?  ……………………………………………………………………………. |
| If you write to me I need the information in this way;  Easy Read [ ] Large Print [ ] Email [ ]  Other, please specify ………………………………… |
| About my sight ……………………………………………………………………  ……………………………………………………………………………………..  …………………………………………………………………………................. |
| When you talk to me I need the following assistance;  British Sign Language Interpreter [ ]  Face to Face [ ] Makaton Interpreter [ ]    Other, please specify ………………………………….. |
| About my hearing ………………………………………………………………..  ……………………………………………………………………………………..  …………………………………………………………………………………….. |
| Do you have a carer or someone who assists you with your visits to the surgery?  ………………………………………………….……………………………  If so, what is their name? …………………………………………….. |