**Accessible Information Standard**

**Needs Form**

Affix patient Identification label or complete details:

Completed by: ….……………………………

Name: ………………………………………

MRN: ……………………………………….

NHS No: ……………………………………

DoB: …………………………………………

Sign: …………………………………………..

Job title: ……………………………………….

Date: …………………………………………..

**If you are completing this form you have identified that the service user has communication and/or information needs under AIS. Please select all of the services user’s preferred requirements below:**

**SECTION A – CONTACT NEEDS**

**Suggested questions to identify needs**

Do you have any communication needs?

Do you need a format other than standard print?

Do you have any special communication requirements?

How do you prefer to be contacted?

What is your preferred method of communication?

How would you like us to communicate with you?

Can you explain what support would be helpful?

What communication support should we provide for you?

What is the best way to send you information?

**How should we contact you?**

|  |
| --- |
| □ Requires audible alert□ Requires contact by email |
| □ Requires contact by letter  |
| □ Requires contact by short message service text message |
| □ Requires contact by telephone  |
| □ Requires contact by text relay  |
| **How should we communicate with you?**□ British Sign Language interpreter needed  |
| □ Hands-on signing interpreter needed  |
| □ Makaton Sign Language interpreter needed  |
| □ Needs an advocate  |
| □ Requires deafblind block alphabet interpreter  |
| □ Requires deafblind communicator guide  |
| □ Requires deafblind haptic communication interpreter |
| □ Requires deafblind manual alphabet interpreter  |
| □ Requires lipspeaker  |
| □ Requires manual note taker  |
| □ Requires speech to text reporter  |
| □ Sign Supported English interpreter needed  |
| □ Visual frame sign language interpreter needed Other requirements not listed here:……………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….Continue overleaf**SECTION B – INFORMATION NEEDS****How should we give you information?**

|  |
| --- |
| □ Requires information by email  |
| □ Requires information in Easyread  |
| □ Requires information in Makaton  |
| □ Requires information in Moon alphabet  |
| □ Requires information in contracted (Grade 2) Braille  |
| □ Requires information in electronic audio format Tape □CD □DVD □USB stick □ |
| □ Requires information in electronic downloadable format(BSL) video □(BSL)On DVD □On internet download □ |
| □ Requires information in uncontracted  (Grade 1) Braille  |
| □ Requires information on audio cassette tape  |
| □ Requires information on compact disc  |
| □ Requires information on digital versatile disc  |
| □ Requires information on universal serial bus  mass storage device (finding) |
| □ Requires information verbally  |
| □ □ □ Requires written information in: □**20** □**24** □**28**□ Requires information in British Sign Language |
| Other requirements not listed here:……………………………………………………..…………………………………………………….……………………………………………………………………………………………………………………..………………………………………………………………………………………………………………..Does the individual consent to their communication and information needs being shared with other health & social care partners? **YES / NO** |

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|  |

**IMPORTANT**

Remember to flag these need(s) on the relevant electronic system e.g. iCLIP, RiO, System One or other

Refer to the trust Accessible Information Standard Policy for next steps to meet the communication or information need