

COMMUNICATION NEEDS SUPPORT FORM - VICTORIA MEDICAL CENTRE

FULL NAME:

DATE OF BIRTH:

SPECIFIC CONTACT METHOD

- Requires contact by telephone
- Requires contact by letter
- Requires contact by email
- Requires contact by text relay
- Requires contact by SMS message
- Requires audible alert
- Requires visual alert
- Requires tactile alert

SPECIFIC INFORMATION FORMAT

- Requires information verbally
- Requires information by email
- Requires information in Easyread
- Requires information in font size:
 - 20 point sans serif
 - 22 point sans serif
 - 24 point sans serif
- Requires information via audio:
 - Information on DVD.
 - Information on compact disc
 - Information on audio cassette tape
 - Information in electronic audio format
- Requires information in embossed reading:
 - Requires information in Moon alphabet
 - Information in Makaton
 - Information in contracted (Grade2) Braille
 - Information in uncontracted (Grade 1) Braille

COMMUNICATION SUPPORT

- Uses text phone
- Does use hearing aid
- Preferred method of communication: Written
- Uses alternative communication skill
- Uses personal communication passport
- Uses communication device
- Uses deafblind intervener
- Uses advocate:
 - Uses a citizen advocate
 - Uses a legal advocate
- Sign user:
 - Using British Sign Language
 - Uses sign language
 - Uses Makaton sign language
 - Uses cued speech transliterator
- Lip reader:
 - Using lip-reading
 - Uses lip speaker
- Uses notes:
 - Uses manual note taker
 - Uses electronic note taker
 - Uses speech to text reporter

PROFESSIONAL REQUIRED

- Needs an advocate
- Requires deafblind interpreter guide
- Requires manual note taker
- Requires lipspeaker
- Requires speech to text reporter
- Sign interpreter needed:
 - British Sign Language
 - Makaton
 - Sign supported English interpreter
 - Visual frame sign language interpreter
 - Hands-on signing interpreter
- Deafblind alphabet interpreter needed:
 - Deafblind manual alphabet
 - Deafblind block alphabet
 - Deafblind haptic communication