



## Communication information questionnaire

In order to provide the best possible care for all of our patients we need to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with the dental team, health and social care.

We need to find out if you have any physical or mental health conditions **lasting a year or more** so that the practice can make provisions to provide extra support or give extra help during appointments.

Please **tick** the problems below that may affect you;

	<b>Behaviour and Emotional</b> (Do you have times your feelings or actions get out of hand in ways you have no control over?)
	<b>Hearing</b> (Do you have difficulty hearing, need hearing aids, or need to lipread?)
	<b>Manual Dexterity</b> (Doing fiddly things with your hands)
	<b>Memory</b> or ability to concentrate, learn or understand (Learning Disability) 'Do you think you have more difficulty remembering and understanding things than most other people? e.g., you need some help with things like managing money or arranging where you live.)
	<b>Mobility and Gross Motor</b> (Do you have difficulty getting around physically without assistance or aids like wheelchairs or walking frames? Do you have difficulty controlling how your arms, legs or head move?)
	Perception of Physical Danger
	Personal, Self-Care and Continence
	<b>Progressive Conditions</b> and Physical Health (such as HIV, cancer, multiple sclerosis, fits etc) (Do you have any illness which affects what you can do, or which is making you more ill, which is getting worse, and which is going to go on getting worse?)
	<b>Sight</b> (Do you have difficulty seeing signs or things printed on paper, or seeing things at a distance - using your glasses if you need them?)
	<b>Speech</b> (Difficulty speaking may arise from a nervous condition such as strokes or Parkinson's disease, from disease or damage to the throat or from functional problems such as a severe persistent stutter)
	<b>Other</b> - please give a brief description:
	<b>No perceived disability</b>

If you have answered yes to any of the above (apart from No perceived disability) please answer the following:

- Do these difficulties stop you doing any important things that most people could do for themselves?
- Are there any practical ways the practice will need to help you as a result of this (these) difficulties

**Print name**

**Sign**

**Date**

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