



The Peninsula Practice

At The Peninsula Practice we want to make sure that we give you information in a way that is clear to you. Our records indicate that you might need information presented in a particular way.

Name:

Date of Birth:

Email Address:

Landline Phone Number:

Mobile Phone Number:

When we contact you do you need us to communicate with you in a particular way?

- No**
 Yes - If yes, please complete below

I require contact:

- | | |
|--|--|
| <input type="checkbox"/> By email | <input type="checkbox"/> By text relay |
| <input type="checkbox"/> By letter | <input type="checkbox"/> Via a carer |
| <input type="checkbox"/> By SMS text message | <input type="checkbox"/> Via a telephone interpreting line |
| <input type="checkbox"/> By telephone | |

If you would like to be contacted by telephone please indicate: v

- Landline**
 Mobile

Do you require printed material in a larger font size?

- NO** **Yes**

I also require information:

- | | |
|--|---|
| <input type="checkbox"/> In Braille - Uncontracted (Grade 1) | <input type="checkbox"/> With a deafblind communicator guide |
| <input type="checkbox"/> In Braille - Contracted (Grade 2) | <input type="checkbox"/> With a lip speaker |
| <input type="checkbox"/> In Easy read | <input type="checkbox"/> With a loud verbal communication |
| <input type="checkbox"/> In electronic audio format | <input type="checkbox"/> With a manual note taker |
| <input type="checkbox"/> In Makaton | <input type="checkbox"/> With a speech to text reporter |
| <input type="checkbox"/> In Moon alphabet | <input type="checkbox"/> With a third party to read out information |

If you need anything that is not on the list above, please tell our receptionist and we will do our best to meet your needs.