

**Courtyard Surgery are committed to ensuring that we meet the Accessible Information Standard - we would like to hear from you if you have any communication needs so that we can look at ways to make accessing our services easier.**

**Please fill in the questionnaire below - your responses will be added to your medical record for information.**

**Name:**

**Date of Birth:**

**Do you have any communication needs?**

**Yes**

**No**

**If yes, please give details:**

**Do you need a format other than standard print?**

**Yes**

**No**

**If yes, please give details:**

**Do you have any special communication requirements?  Yes  No**

**If yes, please give details:**

**How do you prefer to be contacted?**

**How would you like us to communicate with you?**

**Can you explain what support would be helpful when accessing the surgery?**

**What is the best way to send you information?**

**Thank you for completing this questionnaire – please give it to a member of staff.**