
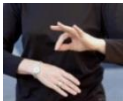





This **Communication Passport** shares important information about my health and how I communicate. Communication support is necessary for me to get the right healthcare. The NHS has a duty to meet my needs. (Equality Act 2010/Accessible Information Standard 2016). It is the NHS' responsibility to book interpreters, STT operators, lipspeakers or hearing loops to ensure I get the best possible care.


How NHS staff can help me:

- Provide appropriate communication support
- Agree the best ways to communicate and contact me; e.g. British Sign Language (BSL) interpreter, text messages etc
- Face me when speaking
- Ask simple clear questions, ensure I understand and am able to answer
- Make longer appointment times
- Make sure I know it's my appointment time - don't call out my name I may not hear you
- Give me written information or details of my consultation

I am 	<input type="checkbox"/> D/deaf	<input type="checkbox"/> Hard of hearing	<input type="checkbox"/> Deaf blind	<input type="checkbox"/> Other:
I communicate using				
<input type="checkbox"/> British Sign Language 	<input type="checkbox"/> A relay interpreter	<input type="checkbox"/> Clear Speech	<input type="checkbox"/> A hearing loop 	

<input type="checkbox"/> Notetaking – speech to text/Palantypist	<input type="checkbox"/> A Lip speaker	Other:
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I have:

<input type="checkbox"/> hearing aid/s in my - right/left/ both ears 	<input type="checkbox"/> Cochlear implant	<input type="checkbox"/> sensitivity to noise	<input type="checkbox"/> I need to see your lips when you speak to me
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<input type="checkbox"/> No hearing aids or other aid because I am profoundly deaf.	Other:
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My details

Name:

Address:

Email:


Phone:




Contact me by: (Text/Typetalk/NGT)	In an emergency please contact:
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If you need information about communication or support - **Wakefield & District Society for Deaf People** can help - contact;
 Voice/Minicom/Fax: 01924 375958
 E-mail: enquiries@wakefielddeaf.org.uk

If I need emergency treatment or care please take care of my; Hearing aid/s
 Cochlear implant
 Other:



Please keep them maintained and safe. I may need them to understand what you are saying to me

Hospital

- I may need help to get home from hospital
- I need communication support to make arrangements
- I need written notes to understand my health information
- You need to speak clearly to me

When I'm leaving hospital you need to talk to:

Wakefield Sensory Impairment Team - 01977-723922

Other:

My health – sight



- | | | | |
|--|---|--|---|
| <input type="checkbox"/> I have Usher Syndrome | <input type="checkbox"/> I have better sight in my right / left eye | <input type="checkbox"/> I wear glasses/contact lenses | <input type="checkbox"/> Certain lights bother me |
|--|---|--|---|

Other:

My health – General

I have....

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma/ breathing problems | <input type="checkbox"/> A pacemaker |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Mobility issues: | <input type="checkbox"/> Mental health: |

Other:

I am allergic to:

- | | | | |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Food/s: | <input type="checkbox"/> Gluten | <input type="checkbox"/> Latex |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------|

Medicines:

Other:

Other services I am involved with

(Service/contact person/details)

Write down the medicines you currently take and write down any operations or illnesses you have had
(please update if anything changes)

I understand that by agreeing to share my personal and health information in this passport with my healthcare team, I am signalling that I consent to my personal and health information being shared with the team in support of my health and care only. I will talk to those involved in my health and care support if I have any questions or worries about how my personal and health information is used.

Signed:

Date

Keep this passport safe and take it with you when you go to the doctors or hospital, keep one, and give a copy to medical staff.

This document was developed by Wakefield Deaf User Partnership – Wakefield and District Society for Deaf People

