# A1 – Sharing information with your health and social care professional

## Sharing information – Your profile

Please write your name and date of birth here:

**NAME:** ....................................................................................................

**DATE OF BIRTH:** .....................................................................................

This form is to give you some ideas about what information you might like to share about yourself with your health or social care professional before you see them. It will help us to understand you and make your visit more comfortable.

We have asked some questions that may or may not be relevant to you, so please delete anything that is not appropriate and add in anything that is.

When you have decided what you would like to share, please kindly return the form to us.

If you have already filled in another form or toolkit about yourself and your needs, you can send that to us instead.

There are three sections about:

1. The waiting area,
2. Your communication preferences and needs
3. The reason for our meeting or appointment

## The waiting area

Use this box to tell us what will help you to feel comfortable when you arrive. You are welcome to come and look at the waiting area before your appointment if this would be helpful.

|  |  |
| --- | --- |
| 1. Have you visited us before?
2. Will you be coming with someone?

If ‘YES’, please let us know if you would you like us to speak to you or them during the appointment? | YES / NOYES / NO |
| ................................................................................................................3. If you have visited us before, is there a place you would like to wait? If ‘YES’, please say where this is: | YES / NO |
| ................................................................................................................1. Would you like to wait in a seat where you can’t see other people?
2. Would you like us to keep you informed if there is a delay to your appointment?
3. Is there anything else you would like to tell us about the waiting area or system? Please say here:

................................................................................................................................................................................................................................ | YES / NOYES / NOYES / NO |

## 2. Your communication preferences and needs

Use this box to tell us about your communication preferences and needs, and any sensory sensitivities that you have.

|  |  |
| --- | --- |
| 1. Would you like to come into the room and settle for a minute before we speak? | YES / NO |
| 2. Would you like me to face you when we speak? | YES / NO |
| If ‘NO’, how would you like us to sit? |  |
| ................................................................................................................ |  |
| 3. Are you happy for us to sit about 2 feet apart? | YES / NO |
| If ‘NO’, please say the distance you would feel most comfortable with: |  |
| ................................................................................................................ |  |
| 4. Are you comfortable with eye contact? | YES / NO |
| If ‘NO’, please say where you would me to look during the appointment: |  |
| ................................................................................................................ |  |
| 5. Do you have any sensory sensitivities? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 6. Do you need extra time to think and process if I ask you a question? | YES / NO |
| 7. How will you let me know if you get anxious or uncomfortable? |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 8. Is there anything else you would like to tell us about your communication preferences and needs? Please say here: | YES / NO |
| ................................................................................................................ |  |
| ................................................................................................................ |  |

## 3. The reason for our meeting or appointment

If there anything you would like to tell us before we see you, please write it here:

Thank you for answering these questions. Please return the form to here:

**Email: .....................................................................................................**

**Address: .................................................................................................**