

# Wallingbrook Health Group

Chulmleigh • Winkleigh

Dr Diana Wielink • Dr J E Timothy Burke • Dr Will Sherlock • Ms Karen Acott  
Dr Ian Guildford • Dr Deepun Gosrani • Dr Liz Wilson-Smith • Dr Rhiannon Starks

## Additional Communication Needs

Name ..... Date of Birth .....

**Vision – please tick applicable box below**

- |                              |                          |
|------------------------------|--------------------------|
| Normal Vision                | <input type="checkbox"/> |
| Impaired Vision              | <input type="checkbox"/> |
| Registered Partially Sighted | <input type="checkbox"/> |
| Registered Blind             | <input type="checkbox"/> |

**If you wear glasses or contact lenses - please tick applicable box below**

- |                      |                          |
|----------------------|--------------------------|
| Wears Glasses        | <input type="checkbox"/> |
| Wears Contact Lenses | <input type="checkbox"/> |

**Do you require information in braille format? – YES / NO**

**Hearing – please tick applicable box below**

- |                       |                          |
|-----------------------|--------------------------|
| Hearing Normal        | <input type="checkbox"/> |
| Mild Hearing Loss     | <input type="checkbox"/> |
| Moderate Hearing Loss | <input type="checkbox"/> |
| Severe Hearing Loss   | <input type="checkbox"/> |
| Profound Hearing Loss | <input type="checkbox"/> |
| Registered Deaf       | <input type="checkbox"/> |

**Do you wear a hearing aid? – YES / NO**

**Do you lip read? – YES / NO**

**Do you communicate with any form of sign language?**

*Please state which*

.....  
.....

Correspondence to: Wallingbrook Health Centre, Back Lane, Chulmleigh,  
Devon, EX18 7DL. Tel 01769 580295. Fax 01769 581045

VAT Registration Number 879082282

\*Please note that all calls to and from the surgery are recorded and may be monitored for quality and training purposes.

“Together we build happy, healthy communities”

[www.wallingbrook.co.uk](http://www.wallingbrook.co.uk)

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**What is your main spoken language?** .....

**Do you require an interpreter? – YES / NO**

**Speech - please tick applicable box below**

No speech problem

Speech impairment

Has difficulty with speech

Speech problem

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Do you have any difficulty reading - please tick applicable box below**

Difficulty reading

Unable to read

<input type="checkbox"/>
<input type="checkbox"/>

**Do you have any difficulty writing - please tick applicable box below**

Difficulty writing

Unable to write

<input type="checkbox"/>
<input type="checkbox"/>

**Do you require any form of communication aid?**

*Please state communication aid required*

.....  
.....  
.....

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