


Communication Assessment

In order to provide the best care for all of our patients it is important for us to know if you have specific communication needs.

- I am Deaf and I use sign language. *I need a sign language interpreter.* 
- I am Deaf & lip/speech read. 
Please face me & speak slowly and clearly.
I need an oral interpreter.
- I am hard-of-hearing.
- I use hearing aids. 
- I use Cochlear Implants. 
Please face me & speak clearly.

Please use this form to help us provide appropriate communication assistance. Mark everything that applies to you. Thank you!

- I am Deaf & have low vision/limited vision. *Please provide me with a sign language interpreter who will sign at close visual range.*
- Patient is Deaf-Blind. *Please provide a tactile sign language interpreter*
- I hear but do not speak. *Please provide note pad/pen to write.*
- I am comfortable writing for simple communication. 
- Patient is Blind.
- I have low vision/limited vision.

Patient Name: _____

Date of Birth: _____

Today's Date: _____