**The Grange, Greenview & Kinsley Medical Centres**

**VIP Passport**

This VIP Passport gives the surgery staff important information about you and will allow the surgery to meet your individual needs whenever we need to contact you or when you visit the surgery. If you need help to fill this in, please ask a member of staff, your GP or nurse, a family member or friend.

**If you have completed this form in the last six months and nothing has changed, you do NOT need to complete another form. *Thank you***

**ABOUT ME**

|  |  |
| --- | --- |
|   What's my name | My name …………………………………………………………………………….Address ……………………………………………………………………Date of birth ……………………………………..Landline ‘phone number………………………………………….Mobile ‘phone number……………………………………………Are you happy for us to send reminder text messages to your mobile ‘phone number? **Yes [ ] No [ ] *Please tick***Do you have an email address you would like to give us? *Please print carefully.* ……………………………………………………………………………. |
|  Letters | Do you have problems understanding written documents? If so do you want us to write to you in this way;**No, I can understand written documents fine [ ]****Yes, please send in**; Large Print [ ] Email [ ] Easy Read [ ] (e.g. includes pictures/diagrams) Other, please specify ………………………………… |
| **big wide single eye** | Do you have any visual problems where we would need to provide some assistance when you come to the surgery? If so, please let us know how we can help. ………………………………………………………………………………………………………………………………………………………….. |
| **Communicate in a speech bubble** | Do you have problems communicating where we would need to provide some assistant when you come to the surgery? If so, please let us know how we can help. For example;British Sign Language Interpreter [ ] Lip reading [ ] Makaton Interpreter [ ] |
| **Assistive Listening Devices** | Do you have any hearing impairment where we can help you?How would you like us to help you? For example using a hearing loop. ……………………………………………………………………………………..…………………………………………………………………………………….. |
| **Illustration of two people with their arms around each other** | Do you have a carer or someone who assists you with your visits to the surgery? ………………………………………………….……………………………If so, what is their name? …………………………………………….. |

**Patient Reference Group - New members are welcome to join the patient reference group at any time - please leave your name and contact details at reception and we will be in touch...**

**WAYS TO CONTACT THE PRACTICE**

Telephone: 01977 610009

Email: wakccg.grangemedicalcentre@nhs.net

Web address: [www.grangemedicalcentre.co.uk](http://www.grangemedicalcentre.co.uk)



If you want to request access to Online Services, please ask at Reception for an information pack or check our website for further information.

**For Office Use Only:**

Registered blind 6689 Sight Deteriorating Ua1jF

Visually impaired XE1T1 Partial sight both eyes X00gP

Deaf/hard of hearing XE0s9 Has a carer 918F

Learning disabilities XaKYb