

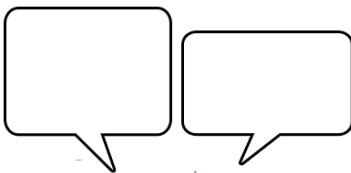


Agreement / consent form for sharing information about my communication needs

Please tick in the grey box if you agree



Yes, my GP can share information about my communication needs with other health services



This will help other health staff give you a better service by understanding

- how you prefer to communicate
- what help you may need with communication



my name _____



signature



date _____

If signing on behalf of the person named above...



name _____

relationship _____