

# Communication Choices

During your stay at Methodist Medical Center, we want to take care of your medical and personal needs. Please help us serve you by checking the choice that is best for you:

- 1.  I can understand people and can tell them what I want by using writing, lip reading or speaking slowly.
- 2.  I want to have my own person here to interpret for me.

## **HEARING IMPAIRED SERVICES REQUEST:**

- 3.  I want to use a person from the hospital that knows how to sign. (If a person is available.)
- 4.  I want the hospital to get a qualified sign language interpreter for me through the Center for Independent Living or other source. (Interpreters through the Center for Independent Living may not be able to come in an emergency.)
- 5.  As an inpatient, I would like to have in my room:
  - As an outpatient, I would like to know how to obtain:
    - Closed caption TV unit (TV that shows printed words being spoken in print).
    - TDD (This keyboard attachment on the telephone types and prints conversations).
    - Amplified telephone (an attachment on the telephone receiver makes the sound louder).
    - Speaker/Amplifier (you can talk through this to make your voice louder.)

## **LIMITED ENGLISH SERVICES REQUEST**

- 6.  I want the hospital to get an interpreter who speaks \_\_\_\_\_  
(specify language)
- 7.  I want to use a picture card to help me communicate

## **VISUALLY IMPAIRED SERVICES REQUEST**

- 8.  I need a magnifier or large print to read instructions.
- 9.  I need to have forms and instructions read to me.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

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## **HOSPITAL USE ONLY:**

RN INITIAL BLANK WHEN CONTRACT COMPLETED. PLACE FORM ON FRONT OF CHART.

FOR # 3, #4, #6, #7, #8: OBTAIN INFORMATION IN COMMUNITY RESOURCES ICON OR ASK NURSING SUPERVISOR

FOR #5: CALL HELP DESK OR NURSING SUPERVISOR

(There are no additional charges to the patient for these services)