



# Communication Access Plan (CAP)

Please alert all staff and include in Medical Record		
<b>NAME OF PATIENT:</b> Jane Doe	<b>DATE OF BIRTH:</b> 12/09/1964	<b>MRN: (Office Use)</b>
<b>Which Describes You?</b>		
<input type="checkbox"/> Hard-of-Hearing <input checked="" type="checkbox"/> Deaf <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Visually Impaired		
<b>Which Device(s) Do You Use?</b>		
Hearing Aid(s) <input type="checkbox"/> Right <input type="checkbox"/> Left Cochlear Implant(s) <input type="checkbox"/> Right <input type="checkbox"/> Left Other Implant(s) _____		
<b>What Do You Need Hospital/Office to Provide?</b>		
<input type="checkbox"/> Pocket Talker <input type="checkbox"/> Captioned Phone (Hospital only) <input type="checkbox"/> Alerts <input checked="" type="checkbox"/> Other Assistive Device(s) <u>I will use Video Remote Interpreting for emergencies only</u>		
<b>What Services Do You Need? (Check all that apply)</b>		
<input type="checkbox"/> Communication in writing <input type="checkbox"/> Communication Access Real-time Translation (CART) <input checked="" type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Tactile Interpreter <input type="checkbox"/> Other _____		
<b>Waiting Room Practice</b>		
When it is time for me to be seen by my healthcare provider:	<input checked="" type="checkbox"/> Provide a vibrating pager, if available <input checked="" type="checkbox"/> Come speak to me face-to-face <input type="checkbox"/> Write me a note and hand it to me	
<b>For scheduling/follow up communication, please contact me by:</b>		
<input type="checkbox"/> Patient Portal	<input checked="" type="checkbox"/> Email	<input checked="" type="checkbox"/> Text
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone
	<input type="checkbox"/> Video Phone	<input type="checkbox"/> Relay
<b>Notes:</b>		
Please hire certified interpreters. Would like female interpreters when possible.		