|  |  |
| --- | --- |
| Your contact details | |
| Name: |  |
| Address: |  |
| Telephone number: |  |
| Mobile phone number: |  |
| Email address: |  |
| Should we contact you directly or a family member, friend or carer? | |
| What is the best way for us to contact you? | |

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| Family member, friend or carer’s contact details (optional) | |
| Name: |  |
| Relationship to person with communication difficulties: |  |
| Address: |  |
| Telephone number: |  |
| Mobile phone number: |  |
| Email address: |  |
| What is the best way for us to contact you? | |

|  |  |
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| Additional information | |
| Date of birth: |  |
| Male or female: | ❑ male ❑ female |
| Right or left handed (before your difficulties started): | ❑ right ❑ left |
| What caused your communication difficulties (e.g. stroke, accident): |  |
| Date your difficulties started: |  |
| Do you speak English? | ❑ yes ❑ no |
| Do you speak English at home? | ❑ yes ❑ no |
| When did you learn English? | ❑ from birth ❑ at school ❑ as an adult |