



Communication Access Plan (CAP)

Please alert all staff and include in Medical Record		
NAME OF PATIENT: John Williams	DATE OF BIRTH: 03/15/1947	MRN: (Office Use)
Which Describes You?		
<input checked="" type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Visually Impaired		
Which Device(s) Do You Use?		
Hearing Aid(s) <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Cochlear Implant(s) <input type="checkbox"/> Right <input type="checkbox"/> Left Other Implant(s) _____		
What Do You Need Hospital/Office to Provide?		
<input checked="" type="checkbox"/> Pocket Talker <input type="checkbox"/> Captioned Phone (Hospital only) <input type="checkbox"/> Alerts <input checked="" type="checkbox"/> Other Assistive Device(s) I will need a tablet for written notes _____		
What Services Do You Need? (Check all that apply)		
<input checked="" type="checkbox"/> Communication in writing <input type="checkbox"/> Communication Access Real-time Translation (CART) <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Tactile Interpreter <input type="checkbox"/> Other _____		
Waiting Room Practice		
When it is time for me to be seen by my healthcare provider:	<input 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	
For scheduling/follow up communication, please contact me by:		
<input checked="" type="checkbox"/> Patient Portal <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> U.S Mail <input type="checkbox"/> Cell Phone <input checked="" type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Video Phone <input type="checkbox"/> Relay		
Notes:		
I will hear basic information with a pocket talker but may need written notes for details. It would also help to receive as much information as possible in writing about my diagnosis, treatment plan, and any instructions.		