



## Contents

Overview.....	1
Recording Communication Preferences.....	1
Video Appointments.....	2
Telephone Appointments.....	3
Face to Face Appointments.....	3
First Language/Need for Interpreter.....	3
Letters/Correspondence Options.....	4
Client Recorded Additional Information.....	4
Military Service.....	5
Save the Completed Form.....	5

## Overview

Completion of the Patient Communication Preferences form records a multitude of useful data. It will generate text (SMS) confirmations for appointments, identify sensitive information regarding name changes and ensures we consider our patient’s preferences.

## Recording Communication Preferences

- Select **Menu**
- Select **Quick Menu**
- Select **Client’s View**

Locate the **Demographics** pane.

The **red** text indicates that the consent form has not yet been recorded.

Demographics	
COVID - 19 Status	No status recorded
Full Name	Billy BALL
ClientID	2773633
Date Of Birth	14 Nov 1997 (26 year(s) old)
Gender	M
Full Address	100, Birdbrook Road, Birmingham, West Midlands
PostCode	B44 8RE
Client Telephone	
Evening Tel. Number	Unknown
Mobile Tel.Number	Unknown
Patient Communication Preferences	SMS Consent Not Recorded   Research Consent Implied
Consultation Medium	
Client Email	

- Select **Patient Communication Preferences** link

If the Client does not have a previously completed form a blank form will display. If a form has previously been completed, the Add button would allow you to create a new form.

- Enter the **Date/Time** (mandatory)
- Enter **Completed by**

You will see the **Contact Details** display with the known patient demographics

# Patient Communication Preferences



Moving to the **Text Reminders (SMS Consent)** section, you can now complete whether the Client has given their consent to receive text message reminders for their appointments.

- **Has patient consented to receiving SMS appointment notification and reminder?** - Select as required

Has patient consented to receiving SMS appointment notification and reminder?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Client Mobile	(no data)
Client Email	(no data)
I have verified patient's email address and mobile number	<input type="checkbox"/>
<a href="#">Change patient's email address and mobile number</a>	

If there is no data recorded for the Client Mobile/Email it is important to record this information now.

- Select **Change patient's email address and mobile number**

This will prompt the **Client Communications** sub form to display

- Select  to maximise the form
- Select 

Method	Telephone number
Context	Mobile device
Contact Details	07967040119
Valid From	23 October 2024
Valid To	

Complete **Method, Context, Contact Details & Valid From** (Mandatory)

- Select 

Repeat for email address if required

- Select  to close the sub form

Note the **Client Mobile** still displays (no data)

Complete **Contact for Patient Feedback** and **Contact for Research/Audit** (as required)

## Video Appointments

- **I am Happy to use video consultation** - Select as required

Yes  No

If No is selected you can move onto the next section.

If Yes is selected this opens further options for you to complete according to the information given by the Client.

I am confident using my device	<input type="radio"/> Confident <input type="radio"/> Unable <input type="radio"/> Unsure <input checked="" type="radio"/> With support from family
I have access to the internet/wifi	<input checked="" type="radio"/> Yes <input type="radio"/> No
I have a suitable device available	<input checked="" type="radio"/> PC <input type="radio"/> Smartphone <input type="radio"/> Tablet
Preference Priority	<input type="radio"/> 1st - First <input type="radio"/> 2nd - Second <input checked="" type="radio"/> 3rd - Third



## Telephone Appointments

- **I am Happy to use my phone for a consultation** - Select as required

 Yes  No

If No is selected you can move onto the next section.

If Yes is selected this opens further options for you to complete according to the information given by the Client

I am happy to use my phone for a consultation	<input checked="" type="radio"/> Yes <input type="radio"/> No
I am able to accept incoming calls from withheld numbers	<input type="radio"/> Yes <input checked="" type="radio"/> No
I have a suitable device available	<input type="radio"/> Landline <input checked="" type="radio"/> Smartphone
Preference Priority	<input type="radio"/> 1st - First <input checked="" type="radio"/> 2nd - Second <input type="radio"/> 3rd - Third

## Face to Face Appointments

- **I am Happy to attend F2F appointment** - Select as required

 Yes  No

If No is selected you can move onto the next section.

If Yes is selected this opens further options for you to complete according to the information given by the Client

I am happy to attend F2F appointments	<input checked="" type="radio"/> Yes <input type="radio"/> No
I would travel to my appointment	<input type="radio"/> In my own car / vehicle <input checked="" type="radio"/> In a relative's car <input type="radio"/> Public transport <input type="radio"/> In a friend's car <input type="radio"/> In a taxi <input type="radio"/> On public transport (bus/train) <input type="radio"/> Using hospital transport <input type="radio"/> By other
I have difficulty getting time off work to attend appointments	<input checked="" type="radio"/> No - This is not a problem for me <input type="radio"/> Yes - Time off can be difficult
Preference Priority	<input checked="" type="radio"/> 1st - First <input type="radio"/> 2nd - Second <input type="radio"/> 3rd - Third

## First Language/Need for Interpreter

This section should be completed if an interpreter is required to be present at the appointment.

The **[Change other languages spoken](#)** and the **[Change First Language/Interpreter Requirement](#)** links to sub forms are available if required



## Letters/Correspondence Options

This is a new development and may not be available to your service. However, if you do have this functionality set up then it will ensure that any written correspondence displays in a format that suits the needs of the Client and is delivered by their preferred option

- **Letters to be sent by** - Select as required

Please Select
Please Select
Post
Email (as attachment)
As an Audio / MP3 file_ (as email attachment)
Patient Portal (electronic)

There are a variety of **Letter options** for you to choose from

<b>Letter Format</b>	<input type="radio"/> Standard Letter <input checked="" type="radio"/> Adapted Letter <input type="radio"/> Easy Read Letter <input type="radio"/> Braille <input type="radio"/> Other
<b>Paper Colour</b>	<input type="radio"/> White background paper <input checked="" type="radio"/> Yellow background Paper
<b>Font size</b>	<input type="radio"/> Font size 12- Default <input checked="" type="radio"/> Font size 16 <input type="radio"/> Font size 20 <input type="radio"/> Font size 24 <input type="radio"/> Font size 28

## Client Recorded Additional Information

This section is to be completed if applicable to the Client and comprises of some sensitive information which is extremely important to the Client. E.g. Preferred Name, Preferred Gender Identity

- Select **My Dentist** text box to enter this information if required
- Select **My Preferred Name** text box to enter the information if required
- **My Ethnicity** - Select if required
- **My Religion** - Select if required
- **My Marital status** - Select if required
- **Person Stated/Preferred Gender Identity** - Select if required
- **Is your Gender Identity the same as at birth** - Select if required

<b>My Dentist</b>	The Circle Dental Surgery
<b>Information about ME...</b>	
<b>My Preferred Name</b>	Billie
<b>My Ethnicity</b>	Not Known
<b>My Religion</b>	Agnostic
<b>My Marital Status</b>	Not Disclosed
<b>Person Stated / Preferred Gender Identity</b>	Female - (She/Her/Hers) ▼
<b>Is your Gender Identity the same as at birth?</b>	No ▼



## Military Service

This is the option to record if the Client or a member of their family have service in the Armed Forces.

- **Have you served in the armed forces?** - Select if required

 Yes  No

- **Have you or anyone in your immediate family ever served in the Armed Forces?** - Select if required

There are 2 further links to sub forms where you can **Change protected characteristics** and **Change Dentist** if this is required for your Client

## Save the Completed Form

- Select **Save**

Once the form is saved and you have 4 blue buttons at the foot of the form you can then return to the Clinical Portal Clients View

- Select **Client's Name** (on grey banner bar)

Demographics	
<b>COVID - 19 Status</b>	No status recorded
<b>Full Name</b>	Billy BALL
<b>ClientID</b>	2773633
<b>Date Of Birth</b>	14 Nov 1997 (26 year(s) old)
<b>Gender</b>	M
<b>Full Address</b>	100, Birdbrook Road, Birmingham, West Midlands
<b>PostCode</b>	B44 8RE
<b>Client Telephone</b>	
<b>Evening Tel. Number</b>	Unknown
<b>Mobile Tel.Number</b>	07967040119
<b>Patient Communication Preferences</b>	SMS Consent Given   Research Consent Implied
<b>Consultation Medium</b>	Video: Yes , Telephone: Yes , Face-2-Face: Yes
<b>Client Email</b>	

The Demographics pane now displays the Patient Communication Preferences in green showing that SMS Consent is Given and Research Consent Implied. Clinicians can also see the Client's Preferred Consultation Medium immediately.