

Interpreter Services Worksheet

Agency (select one)

<input type="checkbox"/> Intelligere	<input type="checkbox"/> RK Translations	<input type="checkbox"/> Kim Tong Translation Services	<input type="checkbox"/> Jill Hartman LLC
<input type="checkbox"/> MN Language Connection	<input type="checkbox"/> The Language Banc		<input type="checkbox"/> ASLIS
<input type="checkbox"/> Multilingual Word	<input type="checkbox"/> Arch Language Network		<input type="checkbox"/> _____

Patient name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth	Language	Medical record number	

Street address (<i>This section office use only</i>)		City	State	ZIP
Insurance			Member ID#	

Appointment location	
Location address	
Appointment date	Requested from _____ to _____

For inpatients, make note of changes of location or department during interpreting encounter.

Location change:

Time	New Location

Authorization for additional time:	Signature	Printed name
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Official time information

Arrival time <input type="checkbox"/> AM <input type="checkbox"/> PM	Departure time <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Patient no-show / Late cancel	
PNHS/Methodist Hospital staff signature	Printed name	Date	Time

*** All inpatient visits must be signed off by the charge nurse.**

Comments

I agree to abide by the National Council on Interpreting in Health Care (NCIHC) interpreter code of ethics.

Interpreter signature	Printed name	Date	MDH Roster ID#
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