

## Interpreter Services Worksheet

**Agency** (select one)

<input checked="" type="checkbox"/> Intelligere™	<input type="checkbox"/> RK Translations	<input type="checkbox"/> Kim Yong Translation Services
<input type="checkbox"/> MN Language Conn.	<input type="checkbox"/> The Language Banc	<input type="checkbox"/> Jill Hartman LLC
<input type="checkbox"/> Multilingual Word	<input type="checkbox"/> Arch Language Network	<input type="checkbox"/> ASLIS
		<input type="checkbox"/> _____

Patient name		Gender
Date of birth	Language	Medical record number

Street address	City	State	Zip
Insurance	Member ID#		

Appointment location	
Location address	Department name
Appointment date	Requested from _____ to _____

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

**Location Changes:**

Time	New Location

<b>Authorization for additional time</b>	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
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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