

# AGENCY INTERP. WORKSHEET

## HCMC STAFF USE ONLY

DATE	↻
SCHEDULED TIME	↻
DID PATIENT SHOW?	<input type="radio"/> Yes <input type="radio"/> No
TIME IN	↻
TIME OUT	↻

## PATIENT'S LABEL

**IMPORTANT:** PRINT AND STAPLE THE INTERACTIVE FACESHEET TO THIS WORKSHEET. CHECK  ↻

CIRCLE ONE	INPATIENT - OUTPATIENT CLINIC - ED	DEPARTMENT	↻
STAFF NAME	↻	STAFF SIGNATURE	↻

## AGENCY STAFF USE ONLY

### INTERP. AGENCY INFORMATION

AGENCY	(Check Mark or Circle)
<input type="checkbox"/>	A-Z Friendly Languages
<input type="checkbox"/>	Arch Language Network
<input type="checkbox"/>	Minnesota Lang. Connection
<input type="checkbox"/>	Multilingual Word
<input type="checkbox"/>	ASL
<input type="checkbox"/>	CSD

### APPOINTMENT LOCATION

HOSP/CLINIC	(Check Mark or Circle)
<input type="checkbox"/>	HCMC Downtown
<input type="checkbox"/>	HCMC Brooklyn Center Clinic
<input type="checkbox"/>	HCMC Brooklyn Park Clinic
<input type="checkbox"/>	HCMC East Lake Clinic
<input type="checkbox"/>	HCMC Richfield Clinic
<input type="checkbox"/>	HCMC Whittier Clinic
<input type="checkbox"/>	The Clinic At Walmart - Bloomington
<input type="checkbox"/>	St. Anthony Village Clinic

PATIENT'S ADDRESS	↻
LANGUAGE	↻
INSURANCE ID #	↻

### AGENCY INTERPRETER INFORMATION

INTERP. NAME	↻	DATE	↻
COMMENTS	↻	INTERP. SIGNATURE	↻
		INTERP. ROSTER ID	↻

**IMPORTANT:** IN ORDER TO RECEIVE REIMBURSEMENT FOR INTERPRETING SERVICES, THE INTERACTIVE FACESHEET MUST BE STAPLED TO THIS WORKSHEET.