

## Interpreter Services Worksheet

**Agency** (select one)  Garden & Associates  Multilingual Word  The Language Banc  
 MN Language Connection  RK Translations

Patient name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth	Language	Medical record number	
Street address		City	State ZIP
Insurance		Member ID#	

Appointment location	
Location address	
Appointment date	Requested from _____ to _____

**Please note: Authorization required every hour by charge nurse for additional time beyond original request.**

**Authorization for time longer than initial request:**

Time	Reason	Signature

Changed department in hospital during visit  Yes  No  N/A (clinic appointment)

Time location changed

Patient moved to (e.g., moved from Emergency Room to inpatient unit because patient was admitted)

**Official time information**

Arrival time <input type="checkbox"/> AM <input type="checkbox"/> PM	Departure time <input type="checkbox"/> AM <input type="checkbox"/> PM		
Comments			
PNHS/Methodist Hospital staff signature	Printed name	Date	Time

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

<input type="checkbox"/> 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#