Request/Refusal Form for Interpretive Services

Patient name:

_____

Primary language:

_____

☐ Yes, I am requesting interpretive services.

  Language(s): _____

☐ No, I prefer to use my family or friend as an interpreter.

☐ No, I do not require interpretive services.

☐ Not Applicable.

Please explain: _____

_____

_____

Patient Signature

_____

Date

Please place this form in the patient's medical record.