



Please turn in worksheets within 48 hours of appointment

Interpreter Work Sheet

Provider Information:

Appointment Date: _____ Appointment Time: _____ am/pm

Clinic Name: _____ Department _____

Phone: _____ Language _____

Address: _____ City _____

Patient / Client Information:

Name: _____ DOB: _____

Gender: Female ___ Male ___ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance: _____ MR # _____

Appointment information:

____ Patient no show ____ Same day cancellation ____ Cancelled

____ More than 2 hours (**please call in**), How many? _____

Assigned Interpreter: _____

(Please print clearly, first & last name)

Arrival Time: _____ am/pm Departure Time: _____ am/pm

Comments: _____

Verification/confirmation with patient/client done: Yes ___

Clinic Staff Signature: _____ Date _____

Comments/explanation: _____

