

Request/Refusal for Interpretive Services Form

Patient Name: _____

Primary Language of Patient: _____

Yes, I am requesting interpretive services.
Language(s): _____

I prefer to use my family or friend as an interpreter.

No, I do not require interpretive services.

N/A - Please explain: _____

Patient Signature: _____

Date: _____

Provider: _____

Place completed form in patient medical record.