



Imprint patient's blue plate, attach yellow patient ID sticker, or print patient's name & medical record number.

# Interpreter Services Confirmation Form

Patient's Location: \_\_\_\_\_

**Who conducted the interpretation?**  
(Please circle applicable category.)

Sign Language interpreter

Staff interpreter

CLEAR LINK™ telephonic interpreter  
(Please indicate your Unit's 4-digit CLEAR LINK™ PIN code.)\*  
\_\_\_\_\_

Name of Sign Language Interpreter: \_\_\_\_\_

Name of Approved Staff Interpreter: \_\_\_\_\_  
OR

Telephonic Interpreter's identifier #: \_\_\_\_\_

Language interpreted: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Verifying Signature (of staff member who has requested interpretive services — M.D., R.N., Social Worker, or other): \_\_\_\_\_

**\*PLEASE NOTE:** Your CLEAR LINK™ unit-specific PIN code appears on the laminated tag attached to the cord of your blue CLEAR LINK™ or black dual-handset telephone.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please FAX a copy of this completed form to Elizabeth Collado, Manager, Multicultural Services, at x 7271, or send a copy via interoffice mail, addressed to the Clinical Initiatives Office, Ground Floor.

**THIS ORIGINAL FORM SHOULD BE PLACED AT THE BACK OF THE PATIENT'S MEDICAL RECORD.**

