Request/Refusal Form for Interpretive Services

Patient name:			
Primary Language:			
☐Yes, I am requesting interpo	retive services.		
Language(s):			
\square I prefer to use my family or	friend as an interpret	er.	
\square No, I do not require interpr	etive services.		
□N/A			
Please explain:			
Patient signature		Date	

^{*}Please place in patient's medical record.