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.
Request/Refusal - English