



Interpreter Services Form for Excellian

Instructions:

This document must be completed by the interpreter and given to the health care provider to scan into patient's electronic medical record (Excellian). If the patient does not have an electronic medical record, this document must be filed in the patient's medical record:

DATE OF APPOINTMENT: _____

INTERPRETER TIME IN: _____ TIME OUT: _____

AGENCY NAME: _____

INTERPRETER NAME: _____

INTERPRETER CERTIFICATION (ASL): _____

LANGUAGE SPOKEN BY PATIENT: _____

PATIENT HAS LIMITED ENGLISH LANGUAGE PROFICIENCY ___Yes ___No

INTERPRETED FOR (DOCTOR, NURSE, OTHERS): _____

**PLEASE PLACE PATIENT LABEL ON EDGE
OF LOWER RIGHT HAND CORNER OF FORM**