Interpreter Worksheet

Must mail or fax to 952-920-6161 within 24 hours

Appointment Date_____ / _____ / _____

Appointment Information:

______Patient No Show ______Cancelled ______Cancelled en Route

Scheduled Time ___________a.m. / p.m.	Arrival Time ____________a.m. / p.m.	Departure Time __________ a.m. / p.m.

Patient/Client Information

First Name ____________ Last Name ____________

Date of Birth ____________ Gender ____________

Home Address ____________

Home Phone (____)____________

Insurance ____________ ID/Policy/Claim/Group # ____________

Medical Record # ____________

Provider Information

Clinic/Hospital/Home Care Agency/Business ____________

Department/ Location ____________

Street Address ____________

Suite # ____________ City ____________

Provider/ Staff Name ____________

Interpreter Signature ________________________________ Interpreter Name ________________________________

Date ________________________________ Language ________________________________

Comment ____

____

Verification/confirmation with patient/client done: YES _________ NO _________

Provider /Staff Signature ____ Date ________________

Garden & Associates, Inc. 4301 Highway 7, Suite 140, St. Louis Park, MN 55416
Phone: 952-920-6160 Toll Free: 877-859-8800 Fax 952-920-6161

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