



APPOINTMENT ID:

Client Last Name:	First Name:	
Date of Service:	Medical Record Number:	
Requested Start Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Estimated Duration:
Main Facility:		
Requester:		
Clinic/Venue:	Department:	
Appointment Location:		
Subject of Interpretation Services:		
Interpreter Name:	Language:	
Client Phone:	Client contacted (Date/Time)	
If unable to contact, why?		
<input type="checkbox"/> Pre-booked appointment <input type="checkbox"/> Client No Show <input type="checkbox"/> Cancelled Appointment <input type="checkbox"/> Client speaks English <input type="checkbox"/> Same day request (business hours) <input type="checkbox"/> 24 / 7 Request (off hours) <input type="checkbox"/> Client refuses interpreter		
Client Age: Infant-5 <input type="checkbox"/> 6 - 21 <input type="checkbox"/> 22 - 59 <input type="checkbox"/> 60+ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnant <input type="checkbox"/>		
Client Ethnicity: European <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> African <input type="checkbox"/> Hispanic <input type="checkbox"/> Former Soviet Union <input type="checkbox"/>		
<i>NYS Vendor List Authorized User ONLY</i> Purchase Order Number		
Interpreter Signature:		
Appointment Actual Starting Time		Actual Finish Time
AM PM (Circle one)		AM PM (Circle one)
How many staff did you Provide service for? (<i>St. Peter's Hospital Interpreting ONLY</i>)		
Provider Name /Phone (Printed)		
Provider Signature		
Follow up appointment Date/time		Authorizing Staff Name/Phone
<i>Below this line for Upstate Hospital and Crouse Hospital Interpreting ONLY</i>		
Arrival Date/Time		AM PM (Circle one)
Authorizing Staff Name (Printed)		
Authorizing Staff Signature		
Departure Date/Time		AM PM (Circle one)
Authorizing Staff Name (Printed)		
Authorizing Staff Signature		