

INTERPRETER & COMMUNICATION SUPPORT REQUEST FORM (ITS1)**STAFF REQUESTING INTERPRETER**

Name of person booking Interpreter			
Name of Department/Ward/Clinic			
Contact Numbers	Tel:		Fax:
Date Booking Form sent to PALS			

PATIENT/ APPOINTMENT DETAILS – ONE PATIENT AND SESSION PER FORM

Language (Dialect) Required or Communication Support – e.g. British Sign Language				
Date interpreter required				
Please tick (✓) weekday	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Weds	<input checked="" type="checkbox"/> Thurs
Start & Finish times Note: booking more than one hour? please specify reason and duration	From:			To:
Gender of Interpreter required	Male / Female / Either			
On-site contact Person				
Patient Name				
Patient Address				
Telephone Number				
Hospital No / DoB (yy/mm/yy)	No:	/		DoB
Overseas or Private Visitor?	Notify Finance Office on: 01923 436729			
Meeting place – Full address (i.e. Hospital, Ward, Clinic, Department including postcode) NO ABBREVIATIONS				
Purpose/Nature of Appointment (i.e. New or Follow-up Outpatient appointment)				
Special Instructions:				

Please send completed forms to PALS, PMoK Level 2, Watford General Hospital. WD18 OHB
 Tele: 01923 217198 e-mail: westherts.pals@nhs.net

Office Admin (for PALS use only)	
Agency	
Contact telephone Number	
Interpreter Name	
Faxed date	
PALS Staff who booked Interpreter	
Confirmation date	
PALS Ref number	
Notes	