

Appendix 1

INTERPRETING & COMMUNICATION SUPPORT

Request Form

REQUESTOR DETAILS					
Name					
Department/Ward/Clinic					
Contact No(s)	Tel:		Ext/bleep		
Date of submission					
PATIENT / APPT DETAILS					
Language or Support required, eg Dialect or BSL					
Date Interpreter required					
Please indicate day of week	MON	TUES	WEDS	THURS	FRI
Duration (if more than an hour required, please state why)	Start time	:			
	End time	:			
Gender of interpreter required	Male	<input type="checkbox"/>			
	Female	<input type="checkbox"/>			
	No Pref.	<input type="checkbox"/>			
On-site contact name					
PATIENT DETAILS					
PATIENT NAME					
Patient Address					
Telephone number					
Hospital No.		DOB			
Overseas / Private?	YES / NO (if YES, please advise Finance Dept)				
Meeting place (full details) Dept, Level, and Location					

Purpose of Appt (ie new or follow up)			
Special Requests?			
PLEASE SEND COMPLETED FORM TO PALS BY EMAIL: pals@whht.nhs.uk Telephone: (01923) 217968			

PALS USE ONLY			
Agency Name:			
Contact Telephone No:			
Interpreter Name:			
Date request submitted:			
PALS Advisor:		Datix Ref	
Confirmation date:			
Notes:			