INTERPRETER WORKSHEET (MEDICAL)									
<b>INTERPRETERS MUST SUBMIT COMPLETED WORKSHEET WITHIN 48 HOURS</b> Fax worksheets to (888) 758-7680 or Email To worksheets@globallanguageconnections.com									
Interpreter:									
MDH Roster ID#									
Interpreter Name: (Print Clearly)						Language:			
Interpreter Signature:						Date: / /			
Appointment Information:									
Appointment Date: / / Appointmen					ime:	: AM/PM			
Clinic Name: Department:									
Address: Inpatient : ( ) Dialysis ( )							Dialysis ( )		
						City:			
State: Zip:				Pho	none:				
Patient/Client Information:									
Last Name: First Name:									
DOB: / /	Gender: Female ( ) ( )			Male		]	MR#		
Address:						Cit	City:		
State:	Zip:				Phone:				
Insurance:   Blue Cross ( )   UCare ( )   Member     Medica ( )   None ( )   Other:   #ID:     Specify									
PROVIDER USE ONLY: (PLEASE FEEL FREE TO CONTACT OUR OFFICE WITH COMMENTS)									
Date: / /	ate: / / Sta			Time : AM/			End Time:	AM/PM	
If more than 2 hours, how many hrs. Note: Interpreters cannot work for more than 8 hours.									

Appointment Status: Completed () Cancellation () Same Day Cancellation Patient No Show ()							
<b>Overall quality of interpreter</b> : Excellent ( ) Average ( )	Poor (please specify) ( )						
Comments:							
Staff Name:	Date: / /						
Staff Signature:							