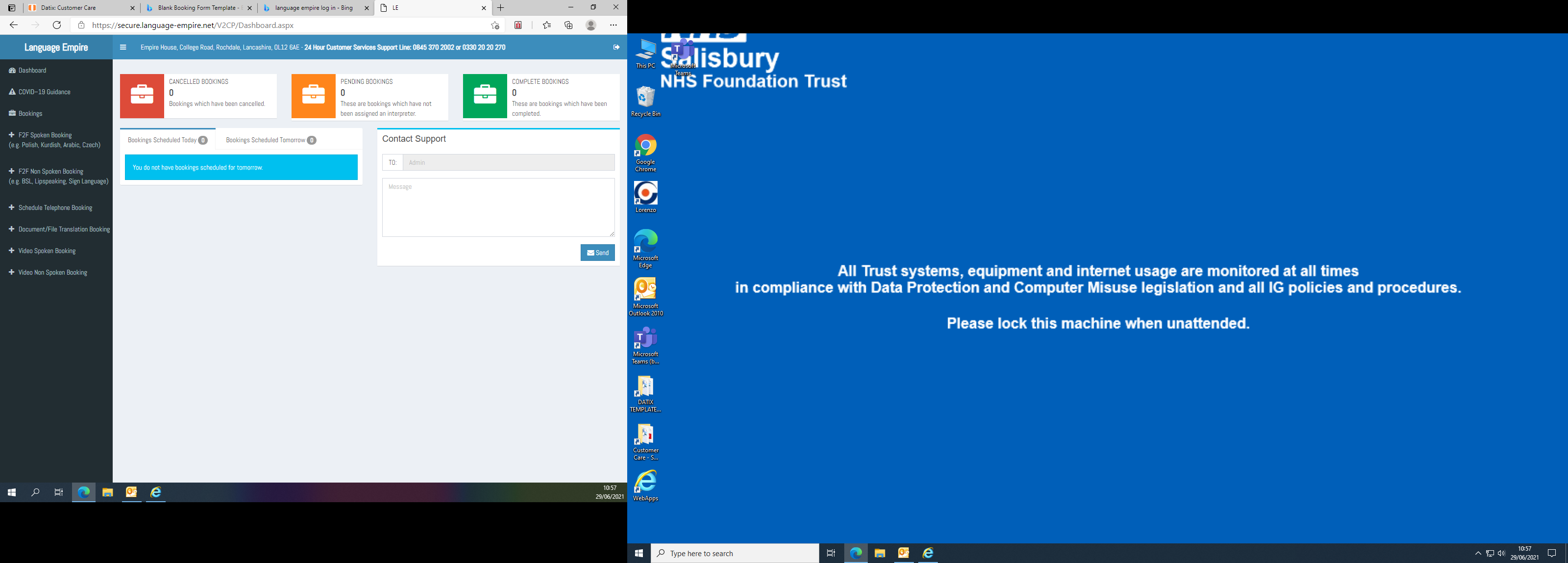
****

**Interpretation Booking Form**

|  |
| --- |
| **Appointment Details and Contact Details** |

|  |  |
| --- | --- |
| **Date and Time:** |  |
| **Location:** |  |
| **Doctor/Nurse if known:** |  |
| **Patients Name:** |  |
| **Patients Hosp Number:** |  |

|  |
| --- |
| **Interpretation Method – please tick appropriate option - 🗸 (copy and paste tick symbol)** |
| **Language Interpretation** |
| Language needed: |
| Telephone |
| Video  Attend Anywhere link required and Clinic name: |
| Face to Face |
| **British Sign Language** |
| Video  Attend Anywhere link required and Clinic name: |
| Face to Face |

**Please Note: If you are booking a face to face, please send proof of DMT approval with booking form.**

**If a face to face interpreter is not available, would this appointment work via Attend Anywhere?**

* Yes
* No

**Once form is completed please email to:** [**sft.pals@nhs.net**](mailto:sft.pals@nhs.net)

**Thank you.**