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**Interpretation Booking Form**

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| **Appointment Details and Contact Details** |

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

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| **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**

**Thank you.**