



HEART TO HEART PEDIATRICS

Request/Refusal for Interpretive Services Form

Patient's Name: _____

Patient's Primary Language: _____

Yes, I am requesting interpretive services. Language(s):

I prefer to use my family or friend as an interpreter.

No, I do not require interpretive services.

N/A
Please explain:

Parent/ Legal Guardian Signature

Date

* Please place completed form in member's medical record.