



# RivInt Interpretation and Translation Services

Managed by the Elspeth Heyworth Centre for Women

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## Interpretation Service Request Form – Field Use Only

### CONFIDENTIAL

Request # \_\_\_\_\_ Client Reference # \_\_\_\_\_

Language: \_\_\_\_\_

Assignment Information:

**Type of Service:** Face-to-Face  Message Relay  Conference Call  Other

Service Date: \_\_\_\_\_ Service Time: \_\_\_\_\_ Approx. Time: \_\_\_\_\_  
Month / Day / Year AM / PM

Organization: \_\_\_\_\_ Department: \_\_\_\_\_

Location: \_\_\_\_\_

Additional Info.: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Tel# \_\_\_\_\_

Medical Staff: \_\_\_\_\_ Medical Staff Tel# \_\_\_\_\_

Patient's Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Patient's Tel# \_\_\_\_\_ Message Relay Information: \_\_\_\_\_

Check if applicable: Patient/SP did not show up for appointment  Rate: ( A ) Standard Hours  
 Double booked interpreters  ( B ) Evening/Weekend  
 Appointment was cancelled within 24 Hours  ( C ) After Midnight

**Request for Extension:** Time Extended To: \_\_\_\_\_ Extension Approved By: \_\_\_\_\_

This form must be signed for extended time approval.

**Service Start Time:** \_\_\_\_\_ **Service End Time:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_  
AM / PM AM / PM

***This confirms that the interpreter completed the assignment according to the hours and information stated above.***

**Interpreter Name:** (print) \_\_\_\_\_ **Interpreter Signature:** \_\_\_\_\_

**Service Provider Name:** (print) \_\_\_\_\_ **Service Provider Signature:** \_\_\_\_\_