



**PASSPORT TO LANGUAGES**  
*your language is our passion*

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**INTERPRETATION FORM**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ INTERPRETER \_\_\_\_\_  
 APPOINTMENT# \_\_\_\_\_ LANGUAGE \_\_\_\_\_

PATIENT/CLAIMANT NAME \_\_\_\_\_  
 PATIENT PHONE# (MEDICAL ONLY) \_\_\_\_\_ AGE: \_\_\_\_\_  
 CLIENT \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_ CONTACT PHONE# \_\_\_\_\_  
 APPOINTMENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

CONFIRMED WITH:	Patient Name:	Tel: (    )
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**PLEASE CHECK ONE BOX: "APPOINTMENT WAS"**

- COMPLETED ON-SITE (FACE TO FACE)     NO SHOW - PATIENT/CLIENT     NO SHOW - PROVIDER  
 CANCELLED -SAME DAY     CANCELLED - OTHER

**To be completed by Client Representative**

Time In: \_\_\_\_\_:\_\_\_\_\_ Staff Signature \_\_\_\_\_  
 Time Out: \_\_\_\_\_:\_\_\_\_\_ Staff Signature \_\_\_\_\_  
 Please Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Total time: \_\_\_\_\_ Hour (s) \_\_\_\_\_ Minute(s)

Notes:

**To be completed by Interpreter**

**TRAVEL AND MILEAGE**

Travel and mileage is \_\_\_\_\_ for this appointment

DRIVE TIME TO CLINIC \_\_\_\_\_ FROM CLINIC \_\_\_\_\_

MILEAGE TO CLINIC \_\_\_\_\_ FROM CLINIC \_\_\_\_\_