

**THE MINNESOTA LANGUAGE CONNECTION
INTERPRETERS TRANSLATORS AND CONSULTANTS**

Phone 612-529-8211  Fax 612-521-1259

Date of Service _____	Language: _____	Interpreter: _____
Schedule Time _____	End Time _____	Comment/Phone Conference: _____

Patient & Clinic Information:	
Patient Name _____	Date of Birth _____
Clinic Name _____	Insurance _____
Location/Dept. _____	Policy # _____

Clinic/Hospital Staff:	
Staff Signature: _____	Print Name: _____
Did Patient Show: Yes No	

Interpreter Performance Evaluation		
Optional /Circle		
Exceeded Expectations	Meets Expectations	Needs Development

Future Appointments Date	Location

Client Label:

All information relating to this assignment is strictly confidential. For at least one year from this agreement, I will only accept assignments for interpretation and translation services with this client, patient, or company through The Minnesota Language Connection. I accept this agreement.

I, _____ acknowledge under penalty of perjury that the interpreting services start and end time, listed above are accurate to the best of my knowledge. I rendered all services required of me for the above client.

Interpreter Signature _____ Date _____