

INTERPRETERS' BOOKING FORM

To book an interpreter, please complete this form and email it to interpretingservice@nhs.net

Your organisation:

- Camden PCT
- Islington PCT
- Camden & Islington Mental Health Service NHS Trust
- GP practice in Camden
- GP practice in Islington
- Other

Your details

Today's date

Referred by
(full name &
job title)

Tel. (including
extension)

Your base

Name and
address
of your
service

Patient details

m / f / child

Name of patient

Patient's clinic
number/DoB

Language
required

Appointment details

Interpreter to report to

(name of health professional the appointment is with)

Date

Time

Duration

Full address where interpreter has to go

Address where appointment will be held, if
different from above:

- If you need an interpreter to confirm details of the appointment, please provide the details of the patient's telephone number, including code, below.
- Please provide any other information that might be helpful for the office, or interpreter to know.
- If you have ticked 'other' for you organisation, please provide the name and mailing address of the person to whom the invoice should be sent. We cannot arrange an appointment for you without this information.
- **Please state whether it is essential or preferred that we provide you with a male or female interpreter.**