

SERVICE REQUEST FORM

Use of an interpreter may be needed to complete this form

I AM: _____ DEAF
_____ HARD OF HEARING
_____ DEAF/BLIND



MY LANGUAGE:

_____ ENGLISH
_____ SIGN LANGUAGE (AMERICAN)
_____ OTHER _____

PREFERRED COMMUNICATION MODE:

_____ SPEAKING/HEARING
_____ READING/WRITING
_____ INTERPRETER (WHAT KIND)
_____ SIGN LANGUAGE
_____ ORAL
_____ CUED SPEECH
_____ HAND OVER HAND ?



PREFERRED COMMUNICATION AID FOR:


TELEPHONE USE



_____ AMPLIFIED PHONE
_____ TTY/RELAY SERVICES
_____ VIDEOPHONE
_____ REMOTE INTERPRETING



GENERAL COMMUNICATION

_____ HEARING AID
_____ CAPTIONING 
_____ LARGE PRINT
_____ ASSISTIVE LISTENING DEVICE
_____ PAPER/PENCIL
_____ BRAILLE

SIGNATURE OF (onsite) INTERPRETER: _____

SIGNATURE OF STAFF: _____

SIGNATURE OF PATIENT: _____