



LANGUAGE ACCESS INTERPRETER SERVICES (LAIS)
REQUEST/CONFIRMATION/CANCELLATION

Refer to WRHA Policy 10.40.210

FAX: 204-940-8650 (Monday - Friday 0800 - 1500 hours)
After Hours Call: 204-788-8585 Central Intake 24/7

CLIENT HEALTH RECORD #
CLIENT SURNAME
CLIENT NAME
DATE OF BIRTH
GENDER
PROVINCIAL HEALTH CARD #
PHIN
PHONE/CONTACT #

PRIMARY LANGUAGE:		CLIENT REQUESTED SPECIFIC GENDER OF INTERPRETER:	
OTHER LANGUAGE(S):		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NO PREFERENCE	
REQUESTOR INFORMATION	NAME OF REQUESTOR: (Print YOUR Full Name)		NAME OF REQUESTING SITE: (Facility, Program, Agency, Office, etc.)
	PHONE #:		DEPARTMENT NAME: (If applicable)
	FAX #:	ADDRESS:	
APPOINTMENT INFORMATION (Use separate form for each appointment)	APPOINTMENT IS WITH: (Print Full Name & Title of Service Provider & Program/Department Name)		SERVICE PROVIDER (SP) CONTACT NUMBERS
	ADDRESS & ROOM # / LOCATION: (e.g. Children's Hospital, 840 Sherbrook Street, Purple Bear Zone)		OFFICE #:
	DESCRIPTION / PURPOSE: (e.g. breast cancer - to discuss medication and potential side effects)		FAX #:
	APPOINTMENT DATE:		CELL #: (Required for all Home Visits)
	DAY: _____ DATE: _____ <small>e.g. Monday, Thursday D D M M M Y Y Y Y</small>		ALTERNATE DATE: Day: _____ Date: _____ <small>e.g. Monday, Thursday D D M M M Y Y Y Y</small>
TIME: _____ DURATION: _____ <small>24 HOUR</small>		Time: _____ Duration: _____ <small>24 HOUR</small>	
LAIS Interpreter has verbally accepted to interpret? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please print full name of Interpreter _____			
SERVICE REQUIRED	SELECT (✓) ALL THAT APPLY: <input type="checkbox"/> Over-the-Phone (OTP) <input type="checkbox"/> Message Relay <input type="checkbox"/> Face-to-Face (in person) <input type="checkbox"/> Conference Call <input type="checkbox"/> Reminder Call <input type="checkbox"/> Home Visit (See SP Contact #s) <input type="checkbox"/> MB Telehealth <input type="checkbox"/> Message Relay (to schedule appointment)		
ADDITIONAL INFORMATION	<input type="checkbox"/> Cancel appointment – no further action required. <input type="checkbox"/> Cancel appointment – inform client. <input type="checkbox"/> Cancel appointment and reschedule to: DATE: _____ <small>D D M M M Y Y Y Y</small> TIME: _____ DURATION: _____ <small>24 HOUR</small>		
CONFIRMATION Internal LAIS Use Only	Tracking # _____ Intake: _____ Time: _____ <small>D D M M M Y Y Y Y 24 HOUR</small> <input type="checkbox"/> Interpreter Assigned: _____ <input type="checkbox"/> Interpreter Not Available <input type="checkbox"/> Access OTP <input type="checkbox"/> Language Not Available <input type="checkbox"/> OTP Arranged		
DAY OF APPOINTMENT	To be completed by Service Provider (SP) Start Time: _____ <small>24 HOUR</small> End Time: _____ <small>24 HOUR</small> Duration: _____ hours _____ mins <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Actual Appointment Time different from scheduled time? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: <input type="checkbox"/> Interpreter <input type="checkbox"/> Late <input type="checkbox"/> Client <input type="checkbox"/> No Show <input type="checkbox"/> SP <input type="checkbox"/> Other </div>		
Service Provider Signature _____		Interpreter Signature _____	

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