Shared health Soins communs Manitoba

Southern Health Santé Sud

LANGUAGE ACCESS INTERPRETER SERVICES (LAIS)

REQUEST/CONFIRMATION/CANCELLATION

Refer to Shared Health Policy 350.140.123

FAX: 204-940-8650 (Monday – Friday 0800 – 1600 hours)
CALL: 204-788-8585 (24/7 Central Intake)

CLIENT MEDICAL RECORD #
CLIENT SURNAME
CLIENT GIVEN NAME
DATE OF BIRTH
GENDER
FAMILY REGISTRATION NO.
PHIN
PHONE/CONTACT #

Primary Language:

Other Language(s):

Client Requested Specific Gender of Interpreter:
☐ Female ☐ Male ☐ No Preference

REQUESTOR INFORMATION

Name of Requestor: (Print YOUR Full Name)

Phone: ___-___-___

Fax: ___-___-___

Email (if you would like to receive interpreter booking confirmation by email):

Name of Requesting Site: (Facility, Program, Agency, Office, etc.)

Department Name: (If applicable)

Address:

APPOINTMENT INFORMATION
(Use separate form for each appointment)

Appointment is with: (Print Full Name & Title of Service Provider & Program/Department Name)

Address & Room # / Location: (e.g. Children's Hospital, 840 Sherbrook Street, Purple Bear Zone)

Description / Purpose: (e.g. breast cancer - to discuss medication and potential side effects)

Service Provider (SP) Contact Numbers

Office #: ___-___-___

Fax #: ___-___-___

Cell #: (Required for all Home Visits) ___-___-___

Appointment Date:

Day: _____ (SPECIFY DAY OF THE WEEK) Date: ____ (D D M M M Y Y Y Y)

Time: ____ (24 HOUR) Duration: _____

Alternate Date: *(if available)*

Day: _____ (SPECIFY DAY OF THE WEEK) *Date:* ____ (D D M M M Y Y Y Y)

Time: ____ (24 HOUR) *Duration:* _____

LAIS Interpreter has verbally accepted to interpret? ☐ YES ☐ NO If yes, please print full name of Interpreter _____

SERVICE REQUIRED

Select (✓) all that apply:

☐ Face-to-Face (in person)
☐ Home Visit (See SP Contact #s)
☐ Conference Call *Please note in *'Additional Information'* the phone number the interpreter must call on the appointment date
☐ Video Conference*
☐ MB Telehealth
☐ Reminder Call
☐ Message Relay
☐ External Contract Provider (Over-the-Phone - OTP)

*Video conference link must be emailed to languageaccess@sharedhealthmb.ca prior to the appointment date.

ADDITIONAL INFORMATION

CONFIRMATION
Internal LAIS Use Only

☐ Interpreter Assigned: _____

☐ Interpreter Not Available

☐ Access OTP

CANCELLATION

☐ Cancel appointment – no further action required.

☐ Cancel appointment – inform client.

☐ Reschedule to: Day: _____ (SPECIFY DAY OF THE WEEK) Date: ____ (D D M M M Y Y Y Y)

Time: ____ (24 HOUR) Duration: _____