



Promise  
Health  
Plan

## Request/Refusal Form for Interpretive Services

Patient name: \_\_\_\_\_

Primary language: \_\_\_\_\_

- Yes, I am requesting interpretive services.  
Language(s): \_\_\_\_\_
- No, I prefer to use my family or friend as an interpreter.
- No, I do not require interpretive services.
- Not Applicable.

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

Please place this form in the patient's medical record.  
Request/Refusal - English