



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 #

<b>PRIMARY LANGUAGE:</b>		<b>CLIENT REQUESTED SPECIFIC GENDER OF INTERPRETER:</b>	
<b>OTHER LANGUAGE(S):</b>		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NO PREFERENCE	
<b>REQUESTOR INFORMATION</b>	<b>NAME OF REQUESTOR:</b> (Print YOUR Full Name)		<b>NAME OF REQUESTING SITE:</b> (Facility, Program, Agency, Office, etc.)
	<b>PHONE #:</b>		<b>DEPARTMENT NAME:</b> (If applicable)
	<b>FAX #:</b>	<b>ADDRESS:</b>	
<b>APPOINTMENT INFORMATION</b> (Use separate form for each appointment)	<b>APPOINTMENT IS WITH:</b> (Print Full Name & Title of Service Provider & Program/Department Name)		<b>SERVICE PROVIDER (SP) CONTACT NUMBERS</b>
	<b>ADDRESS &amp; ROOM # / LOCATION:</b> (e.g. Children's Hospital, 840 Sherbrook Street, Purple Bear Zone)		<b>OFFICE #:</b>
	<b>DESCRIPTION / PURPOSE:</b> (e.g. breast cancer - to discuss medication and potential side effects)		<b>FAX #:</b>
	<b>APPOINTMENT DATE:</b>		<b>CELL #:</b> (Required for all Home Visits)
	DAY: e.g. Monday, Thursday      DATE: D D M M M Y Y Y Y Y TIME: 24 HOUR                      DURATION:		<b>ALTERNATE DATE:</b> Day: e.g. Monday, Thursday      Date: D D M M M Y Y Y Y Y Time: 24 HOUR                      Duration:
<b>LAIS Interpreter has verbally accepted to interpret?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, please print full name of Interpreter _____			
<b>SERVICE REQUIRED</b>	<b>SELECT (✓) ALL THAT APPLY:</b> <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)		
<b>ADDITIONAL INFORMATION</b>	<b>CANCELLATION</b> <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: D D M M M Y Y Y Y Y TIME: 24 HOUR                      DURATION:		
<b>CONFIRMATION Internal LAIS Use Only</b>	Tracking #  Intake: D D M M M Y Y Y Y Y      Time: 24 HOUR  <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		<b>DAY OF APPOINTMENT</b> <i>To be completed by Service Provider (SP)</i> Start Time: 24 HOUR End Time: 24 HOUR Duration: hours mins 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  _____ Service Provider Signature                      Interpreter Signature

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