



Access Alliance Interpreter Services
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ENCOUNTER FORM (confidential)

Please print clearly, and complete entire form

ENCOUNTER #

PLEASE CHECK ONE BOX:

- | | |
|--|---|
| <input type="checkbox"/> Appointment / Home Visit / Group / Meeting | <input type="checkbox"/> Cancelled Same Day |
| <input type="checkbox"/> Telephone Message Relay / Conference Call /
Phone Confirmation | <input type="checkbox"/> No Show – Patient / Client |
| <input type="checkbox"/> Translation | <input type="checkbox"/> No Show – Service Provider |
| <input type="checkbox"/> Proofread | |

PLEASE FILL OUT COMPLETELY:

INTERPRETER NAME	
LANGUAGE	
DATE (DD / MM / YYYY)	
PATIENT / CLIENT NAME (print first and last name – NO name for CIHC clients)	
REFERENCE NUMBER (IF PROVIDED)	
ENCOUNTER ADDRESS	
START TIME OF ENCOUNTER	
END TIME OF ENCOUNTER	
CONFIRMED WITH & PHONE NUMBER	()
SERVICE PROVIDER & PHONE NUMBER	()

TOTAL TIME FOR ENCOUNTER (HOURS)

NOTE: 15 min = 0.25 h, 30 min = 0.5 h, 45 min = 0.75 h

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TRANSLATION / PROOFREAD - # OF WORDS

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PROVIDER SIGNATURE (not reqd for phone enc.)

INTERPRETER'S SIGNATURE