

migrant-friendly hospitals

Contact card – Personal interview

For patients with limited proficiency in [local language – please insert]

Contact card no.

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1. Encounter information

Interpreter requested on:

Date:

Time:

(please insert)

Interpreter was present during the encounter: Yes No

If yes: Encounter was conducted in:

African lang. Albanian Arabic Baltic lang. Bosnian Farsi French Kurdish Romanian Russian Serbo-Croatian Somali Spanish Turkish Urdu Other (please specify): _____

NOTE: If encounter was conducted with the support of an interpreter, continue with filling in patient data (2.).

If no:

Reasons for not using an interpreter:

No interpreter available

Patient refused professional interpreter

Other reasons (please specify): _____

Alternative form of language support used:

Adult relative or friend of the patient	<input type="checkbox"/>
Bilingual colleague	<input type="checkbox"/>
Child under 18 brought by patient to interpret	<input type="checkbox"/>
Self, because I'm a native speaker of patient's language or have learned the language	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>



2. Patient data

Name (please insert):	
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Permission given for personal interview after the encounter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred language for personal interview:	(Please insert)

Interpreting Contact Card



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Supporting partners



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