



ORTIZ SCHNEIDER

INTERPRETING & TRANSLATION

Dependable & Quality Language Services | Santa Barbara, CA

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Interpreter Request Form

Please fill out the request form as completely as possible. Please note this request is NOT a confirmation of an interpreter. We will contact you as soon as your request has been received. If you would like to inquire about the status of your request, please email us at scheduling@ortizschneider.com or call us at **1-805-689-3707**. Thank you and we look forward to doing business with you.

CLIENT INFORMATION

Company Name: Behavioral Wellness Clinic/Program: _____ Program Code: _____
Client Name (person who needs interpreting): _____
On-Site Contact Person: _____ Email Address: _____
Phone Number (including cellphone): _____

APPOINTMENT DATE & LOCATION

Date(s): _____
Time(s): _____
Appointment Duration: _____
Service Site Name: _____
Service Site Address: _____
Special Location Instructions: (building, office number, etc.)

TYPE OF APPOINTMENT

Type of Appointment:
 Assessment Therapy/Rehab Physician's Assistant/Psychiatrist Other _____

Appointment Details: (Be as descriptive as possible about the nature of the appointment.)

LANGUAGE DETAILS

Language: _____
County of origin and city or region: (if indigenous language, please specify the **region/pueblo** the individual is from): _____
Special Instructions or Needs: _____

Any additional information about this appointment that would be helpful for us to know when selecting the interpreter? (i.e. sensitive women's appointment, so prefer a woman)

