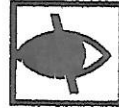


# SERVICE REQUEST FORM

Use of an interpreter may be needed to complete this form

I AM: \_\_\_\_\_ DEAF  
\_\_\_\_\_ HARD OF HEARING  
\_\_\_\_\_ HEARING AND VISION LOSS



## MY LANGUAGE:

\_\_\_\_\_ ENGLISH  
\_\_\_\_\_ SIGN LANGUAGE (AMERICAN)  
\_\_\_\_\_ OTHER \_\_\_\_\_

## PREFERRED COMMUNICATION MODE:

\_\_\_\_\_ SPEAKING/HEARING  
\_\_\_\_\_ READING/WRITING  
\_\_\_\_\_ INTERPRETER (WHAT KIND)  
\_\_\_\_\_ SIGN LANGUAGE  
\_\_\_\_\_ REMOTE INTERPRETING  
\_\_\_\_\_ ORAL  
\_\_\_\_\_ CUED SPEECH  
\_\_\_\_\_ TACTILE COMMUNICATION



## PREFERRED COMMUNICATION AID FOR:

### TELEPHONE USE



\_\_\_\_\_ AMPLIFIED PHONE  
\_\_\_\_\_ TTY/RELAY SERVICES  
\_\_\_\_\_ VIDEOPHONE



### GENERAL COMMUNICATION

\_\_\_\_\_ HEARING AID  
\_\_\_\_\_ CAPTIONING  
\_\_\_\_\_ LARGE PRINT  
\_\_\_\_\_ ASSISTIVE LISTENING DEVICE  
\_\_\_\_\_ PAPER/PENCIL  
\_\_\_\_\_ BRAILLE



SIGNATURE OF HOSPITAL STAFF: \_\_\_\_\_

SIGNATURE OF PATIENT: \_\_\_\_\_

SIGNATURE OF (onsite) INTERPRETER: \_\_\_\_\_