**Request form of arranging for a volunteer interpreter**

**Name(名前):**

**Address(住所):**

**Landline (固定電話), facsimile and Mobile phone numbers（携帯電話番号）:**

**E-mail address:**

**Language to interpret（依頼言語）**

**First language（母国語）**

**Nationality（出身国名）**

**When（いつ）:　 date and time ( On from : ～ to : )**

**Where（場所）: 　location and address**

**Meeting place　and time (with your interpreter) 　（待ち合わせ場所・時間）:**

**Subject of discussions to be interpreted　（通訳の内容）　(In case of medical interpretation, please see overleaf　（＊)）:**

**Any available pre-read documents (事前資料): Yes / No**

**Others:**

**(\*) Medical interpretation covers general explanations of treatments and inspections only.**

**[Interpreter preference] □ Female, □ male, □ no preference**

**[Situation of medical interpretation]**

* **General medical inspection, inspection result, consultation, medical examination**
* **medical interview sheet, appointment for the next medical treatment**
* **Explanation on how to fill out medical application forms, such us High-medical expense**
* **Expatiation at hospital admission**
* **Explanation at hospital discharge**
* **Explanation on prescription and medication guidance**
* **precautions after hospital discharge**
* **Explanation about the symptoms**
* **Explanation on the available medical system**
* **Interviews with the patient and its family**
* **urine test, □　blood test, □ echography, □ X-ray exam, □　CT scan**
* **MRI scan, □ large bowel endoscopy, □　gastrofiberscopy**
* **Explanation about the examination and the consent form**
* **Others**

**[Patient　information]**

* **first medical examination, □ return to clinic, □ female, □ male**
* **Age (\_\_\_\_\_’s) (babies and infants \_ year \_ month) Pregnancy \_\_\_weeks**