

Hospital Patient Communication Card.

Translating & interpreting service (TIS)

Tel: 131450 (24 hr service)

For translating/interpreting services contact DeafSA:

Tel: 8223 3335 (8.00am –6.00pm)

My personal details(private & confidential)

Name: _____

Date of birth: _____

Address: _____

Phone number: _____

UR number: _____



Western Region Collaborative Transport Project

This card was produced for the Western Region Transport Project to assist clients of various organizations to access health services. If you would like more information about this project, please contact Tara Nicholson (Tel: 8405 6706) or Liz Haar (Tel: 8405 6702).

Hospital Patient Communication Card.

I am a client/patient of: _____

Please contact my case manager: _____

on (Tel: _____) for more information about me.

I DON'T SPEAK ENGLISH - I speak: _____

I HAVE HEARING AND SPEECH IMPAIRMENT

Please help me to my appointment in this hospital.
(Please see appointment book/card inside plastic sleeve for details.)



Please direct me to the rest room.



Please direct me to the canteen.



Please show me the way out.



Please call me a taxi to take me home.



Please contact my carer
(Tel: _____) to come to take me home.