Comprehensive Aphasia Program – Return to Your Life

Mailing Address: c/o Monarch House 630 Weber St. N., Waterloo
Waterloo, N2V 2N2 Tel: 519-514-5770

Application Form

Please complete all fields below and fax to: 905-849-0424

All candidates must complete the application form to be considered for the intensive aphasia program. Please complete it to the best of your ability. Once the application is received, it will be reviewed by our Speech-Language Pathologist. You will be contacted for more information.

If you have any questions, please don't hesitate to contact us at (519) 514-5770. Thank you.

Applicant Information		
*First name:	*Last name:	
*Date of birth: mm / dd / yyyy		Gender: Male ☐ Female ☐ Other ☐
*Address:	*City:	*Postal code:
Closest major intersection:		
House ☐ Apartment ☐ Condo ☐ Retirement home ☐ Supported Living ☐ Long Term Care ☐ Other ☐		
*Home phone:	Cell phone:	*Email:
Transportation: Self ☐ Family ☐ Public transit (bus, taxi) ☐ Paratransit (accessible) ☐ Other ☐ ______________		
Languages spoken/written: Primary Language:	Other languages:	

Best Contact Person: Applicant ☐ (If yes, please skip section) Primary caregiver/Support Person ☐		
*Name:		*Relationship:
*Home phone:	*Cell:	*Email:
Address:	City:	Postal Code:

Referral Source Hospital ☐ Day Program ☐ Private Practice ☐ Self/family ☐ Other ☐ ____________	
Referral Agency Name:	Contact Name:
Title:	Phone:
Fax:	Email:

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Applicant's name: ___________________________

Medical Information

Cause of aphasia:
☐ Stroke ☐ Primary Progressive Aphasia ☐ Traumatic Brain Injury ☐ Tumour ☐ Other:

Date of onset (stroke/brain Injury/illness) mm / dd / yyyy	Site of lesion:

Previous strokes/related incidents: mm / dd / yyyy

Comments:

Is there paralysis or weakness?
☐ None Partial: ☐ Left side ☐ Right side ☐ Total

Assistive Devices:	Mobility Assistance:
☐ Communication Device:	☐ Independent (no assistance needed)
☐ Cane / walker	☐ Supervision
☐ Wheelchair: ☐ electric ☐ manual ☐ scooter	☐ Full Assistance
☐ Other, (please specify):	

Hearing:
☐ Normal ☐ Reduced, specify: Hearing aids: ☐ Left ☐ Right

Vision:
Glasses: ☐ everyday ☐ reading only ☐ Visual/perception difficulties, specify:

Please indicate any other disabilities or medical conditions:

☐ Swallowing	☐ Seizures	☐ Communicable disease	☐ Heart disease
☐ Special diet	☐ Cognitive	☐ Unstable medical condition	☐ Allergies
☐ Memory	☐ Mental Health	☐ Diabetes	☐ Other: _________
☐ Cancer	☐ High blood pressure		

Comments: Please list any special dietary restrictions or allergies. Lunch is included with the aphasia programs.

***Applicant must be independent with toileting & feeding OR bring someone to assist**

Family Physician Information

Name:	Address:
Phone:	Fax:

Speech and Language Therapy

Is applicant receiving speech/language therapy: ☐ Yes ☐ No Where:

Start date: mm / dd / yyyy	End date: mm / dd / yyyy ☐ Ongoing

Frequency:

Other therapy: ☐ Social Worker ☐ Physiotherapy ☐ Occupational Therapy ☐ Other:

Please include speech-language assessments and progress notes if available, as well as any other relevant clinical documentation that may assist in learning more about the applicant's needs and functional abilities

Applicant's name: ___________________________

Description of Applicant's Communication

Check all that apply: ☐ Aphasia ☐ Apraxia ☐ Dysarthria ☐ Other:

Auditory Comprehension (getting the message in)

☐ No support ☐ Some support ☐ Dependent on Support

Difficulty understanding:	Improves with:
☐ Simple ideas and questions	☐ Written support ☐ Repetition/clarification
☐ New, complex, or lengthy material	☐ Picture support ☐ Extra time/pauses
☐ Conversation in a group setting	☐ Gestures ☐ Other:

Client will indicate if he/she has not understood: ☐ Yes ☐ Sometimes ☐ No

Comments:

Verbal Expression (getting the message out)

☐ No support ☐ Some support ☐ Dependent on Support

	Improves with client using:
☐ Non- verbal	☐ Writing ☐ Communication book
☐ Single words	☐ Gestures ☐ AAC device
☐ Short phrases	☐ Drawings
☐ Full sentences: ☐ Fluent ☐ Non-fluent	☐ Pointing to: ☐ pictures ☐ resources
	☐ written words
	☐ Other:

Word finding difficulty: ☐ Mild ☐ Moderate ☐ Severe

☐ Repeated word/phrase ☐ Jargon or non-words
☐ Word substitutions ☐ Awareness of errors

Yes/No Response: ☐ Unreliable, specify: ☐ Reliable, specify:
More reliable with: ☐ Pointing to written Y/N ☐ Pointing to picture support
☐ Gesture ☐ Other

Reading:	Writing:	Communication with family members/others:
☐ Non-functional	☐ Non- functional	☐ Able
☐ Single Words	☐ Single Words	☐ Limited
☐ Simple sentences	☐ Sentences	☐ Unable
☐ Paragraphs	☐ Paragraphs	
☐ No difficulty	☐ No Difficulty	

Comments:

Applicant's name: ____________________________

Background Information	
Education:	
Current employment:	Previous employment:
Interests/Hobbies:	
History of mental illness and/or on-going social work and/or psychological intervention:	
Marital status: ☐ Married ☐ Common law ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	
Living Conditions/Arrangements: ☐ Live alone ☐ Live alone with dependent children ☐ Live with parents/step-parents ☐ Live with spouse or other adults ☐ Live with spouse or other adults and dependent children ☐ Other	
Support system/family coping:	
Other relevant information:	

Applicant's name: ____________________________

Return to Life Program

Please use this section to outline your goals for the intensive rehab program. Be as detailed and specific as possible.

Tell Us About You

What type of activities or hobbies did you enjoy before your stroke / injury?

What kind of activities or hobbies do you enjoy now?

Please describe a typical day.

What kinds of activities would you like to do but have difficulty with? Be as specific as possible.

Client consent obtained to share the information on this referral ☐ Yes ☐ No

Applicant's name: ____________________________

Please fax this completed form to (905) 849-0424.

The applicant or designated contact person will be contacted.

Please note that we collect client/caregiver email addresses in order to send necessary paperwork prior to the initial visit.

Thank you for contacting us!