



Waterloo-Wellington Regional Aphasia Program REFERRAL FORM

SELECT APHASIA PROGRAM LOCATION:

Waterloo Kitchener Cambridge Guelph North/Centre Wellington Unsure

NAME OF APPLICANT: _____			
FIRST NAME	INITIAL	FAMILY NAME	
DATE OF BIRTH: ____/____/____	M__F__	AGE: ____	HCN: _____
DD	MM	YYYY	
ADDRESS: _____	CITY: _____	POSTAL CODE: _____	
HOME PHONE: _____	CELL PHONE: _____		
NAME OF PHYSICIAN: _____	PHONE NUMBER: _____		
ASSISTANCE NEEDED FOR TOILETTING? <input type="checkbox"/> No <input type="checkbox"/> Yes* (*Applicant must bring someone to assist)			
CONTACT PERSON (and <u>relationship</u> to applicant): _____			
HOME PHONE: _____	WORK/CELL PHONE: _____		
●Applicant has provided consent to messages being left at above phone numbers: <input type="checkbox"/> Yes <input type="checkbox"/> No			
●To arrange appointments, please contact: <input type="checkbox"/> Applicant <input type="checkbox"/> Contact Person			

REFERRING PERSON: _____	PHONE: _____		
AGENCY: _____	E-mail: _____		
DATE OF STROKE/INJURY CAUSING APHASIA: ____/____/____	DIAGNOSIS: _____		
DD	MM	YY	
HAS APPLICANT RECEIVED SPEECH-LANGUAGE PATHOLOGY (SLP) SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LENGTH & FREQUENCY OF SLP THERAPY: _____			
IS APPLICANT DISCHARGED FROM SLP SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No		DISCHARGE DATE: _____	
OTHER AGENCIES INVOLVED: _____			
RISKS ASSOCIATED WITH A HOME VISIT (e.g., pets, smoker)? _____			

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PERTINENT COMMUNICATION INFORMATION (to be completed by person referring or SLP when available)

BEFORE APHASIA: First Language: _____ Other Language(s): _____

CURRENT FUNCTIONING (comment): First Language: _____
Other Language(s): _____

- LISTENING COMPREHENSION:**
- Difficulty understanding: __basic/simple ideas & requests
__new, complex, lengthy material
__in a normal pace, group setting
 - No difficulty or occasionally needs repetition/clarity

Comments/Facilitation Strategies: _____

- EXPRESSION:**
- Non-fluent Aphasia: __unable to speak
__has a repetitive word or phrase
__uses meaningful non-verbal expression (facial, gesture, draw, pointing)
__can say some words to convey his/her message
__can say some phrases/sentences
 - Fluent Aphasia: __can speak in sentences which don't always make sense
(though he/she knows what they want to say)
__substitutes words/difficulty finding the right word

Comments/Facilitation Strategies: _____

- READING:**
- Able to read some: __ Single Words __ Phrases/Sentences __ Lengthier Material
 - No Difficulty reading

- WRITING:**
- Never or rarely successful with writing
 - Able to write single words or personal information
 - Writes better than he/she talks
 - No Difficulty

VISION: Normal Glasses: __ wears daily __ for reading only

VISUAL PERCEPTION/NEGLECT: No Difficulty Difficulty: _____

HEARING: Normal Reduced Hearing Aid(s): Yes No

HANDEDNESS: **Past:** Right Left **Present:** Right Left

DOES APPLICANT HAVE ANY FEEDING/SWALLOWING DIFFICULTY? Yes _____ No

BARRIERS TO GROUP PARTICIPATION (behaviour, attention, cognition, fatigue etc.): _____

DATE OF REFERRAL: _____

FAX TO: St. Joseph's Outreach (519 767-3442)
Attention: Antonella DiRenzo Samson, Clinical Lead- Aphasia Program