

Aphasia Institute

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www.aphasia.ca



over **30 years** of touching lives
and rebuilding conversation

Referral Form

Please Note:

This referral cannot be processed without a Speech-Language Pathology assessment and progress reports

Date: (dd-mm-yyyy)			
Name of Applicant:			
Age:	D.O.B: (dd-mm-yyyy)	Sex: Female: <input type="checkbox"/> Male: <input type="checkbox"/> Transgender: <input type="checkbox"/>	
Residence:	Home: <input type="checkbox"/>	Long Term Care: <input type="checkbox"/>	Retirement Care: <input type="checkbox"/>
	Other: <input type="checkbox"/> Specify:		
Address:		Apt:	City:
Postal Code:		Email:	
Closest major intersection:			
Telephone:	Home:	Cell:	
	Business:	Ext.	
WheelTrans number:			

Best Contact Person	Applicant: <input type="checkbox"/> (If yes, skip this section)	Relationship, if other:	
Name:			
Address:		Apt:	City:
Postal Code:		Email:	
Telephone:	Home:	Cell:	
	Business:	Ext.	

Referral Information

Referring SLP/Agent:	
Institution:	Phone:
Address:	City:
Postal Code:	Email:

Medical Information

Etiology:	Stroke: <input type="checkbox"/>	TBI: <input type="checkbox"/>	PPA: <input type="checkbox"/>	Other: <input type="checkbox"/>	Specify:
If Stroke:	Thrombosis <input type="checkbox"/>	Embolysim <input type="checkbox"/>	Hemorrhage <input type="checkbox"/>	Aneurysm <input type="checkbox"/>	
Date of onset: (dd-mm-yyyy)	Number of incidents:				
Site of lesion:					
Institutions attended:					
Length of SLP Therapy: (dd-mm-yyyy) to (dd-mm-yyyy)			Frequency of therapy:		
Discharge date: (dd-mm-yyyy)					

Medical Information

Visual difficulties
(Incident related and other):

Hearing difficulties:

Hemiparesis <input type="checkbox"/>	Arms	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Paralysis <input type="checkbox"/>	Legs	Left <input type="checkbox"/>	Right <input type="checkbox"/>
	Handedness	Left <input type="checkbox"/>	Right <input type="checkbox"/>

Level of independence - toileting:

Level of independence - mobility:

Other relevant medical info:
(eg. HBP, diabetes, seizures, swallowing
choking, etc)

Background information

Languages spoken:

Education:

Current employment:

Previous employment:

Interests/hobbies:

Support system:

History of mental illness and/or on-going social work and/or psychology intervention:

Client Goals

Short Term:

Long Term:

Any barriers to goal achievement? Describe.

Any barriers to attending our program? Describe.

Assessment of Communication Ability

Based On:	Informal assessment/observation <input type="checkbox"/>							
	Formal test <input type="checkbox"/>				Copy attached? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Name of test:				Assessment Date: (dd-mm-yyyy)				
Aphasia Type:	Broca's	<input type="checkbox"/>	Global	<input type="checkbox"/>	Transcortical Motor	<input type="checkbox"/>	Wernicke's	<input type="checkbox"/>
	Anomic	<input type="checkbox"/>	Conduction	<input type="checkbox"/>	Transcortical Sensory	<input type="checkbox"/>	PPA	<input type="checkbox"/>

Comprehension		Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Has reliable yes/no response	<input type="checkbox"/>	Understands simple personally relevant conversation		<input type="checkbox"/>
Dependent on partner for accurate transfer of information	<input type="checkbox"/>	Somewhat dependent on partner for accurate transfer of information		<input type="checkbox"/>
Independent to communicate effectively				<input type="checkbox"/>
Comments:				

Verbal Expression:		Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Non-verbal/No functional speech (ie. Verbal stereotype)	<input type="checkbox"/>	Moderate word finding difficulty		<input type="checkbox"/>
Can say some single words and/or phrases	<input type="checkbox"/>	Mild word finding difficulty		<input type="checkbox"/>
Can indicate basic wants/needs verbally	<input type="checkbox"/>	Verbal apraxia		<input type="checkbox"/>
Severe word finding difficulty	<input type="checkbox"/>	Dysarthria		<input type="checkbox"/>
Has reliable yes/no response	<input type="checkbox"/>	Expresses simple personally relevant conversation		<input type="checkbox"/>
Dependent on partner for accurate transfer of information	<input type="checkbox"/>	Somewhat dependant on partner for accurate transfer of information		<input type="checkbox"/>
Independent to communicate effectively				<input type="checkbox"/>
Comments:				

Reading Comprehension		Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Understands single words	<input type="checkbox"/>	Understands complex sentences		<input type="checkbox"/>
Understands simple sentences	<input type="checkbox"/>	Understands paragraphs		<input type="checkbox"/>
Comments:				

Written Expression	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
No functional writing	<input type="checkbox"/>	Writes sentences	<input type="checkbox"/>
Writes names/some single words	<input type="checkbox"/>		
Comments:			

Pragmatic skills:
Partner - Facilitatory techniques found useful:
Client/Family expectations for future outcomes:
Other relevant information:

Please note all referrals are assumed to be for our introductory program. If you wish this applicant to be considered for Outreach, please state rationale:

After this referral has been received, the applicant will be placed on our waiting list. He/she will be contacted by our intake staff within two months of receipt of referral. The applicant will be offered an orientation session at which time programs/service will be discussed. If they wish to proceed with the program, he/she will be offered a time for an individual assessment with a Speech-Language Pathologist and Social Worker.

If you have any questions about our process or a potential applicant, please contact:
Charline Sherman, Social Worker

T: 416 226-3636 x 15

E: csherman@aphasia.ca

- Yes, I have included a recent speech-language pathology assessment and progress reports
- No, I have not included a recent speech-language assessment and progress reports
Please state why reports have not been included:

Signature of Speech-Language Pathologist Agent