



Halton-Peel Community
APHASIA PROGRAMS

Halton-Peel Community Aphasia Programs

Mailing Address: c/o Monarch House 1405 North Service Rd. E. Unit 103

Oakville, L6H 1A7 Tel: 905-875-8474 Fax: 905-849-0424

www.h-pcap.com

Email: info@h-pcap.com

Referral Form

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

Aphasia Program Locations – For complete address and times please visit our website.

Burlington Groups:

Tuesday AM - Royal Canadian Legion:

Thursday PM - Wellness House:*

Brampton Groups:

Civic Centre:** Wed. AM Fri. AM

Nance Horwood Place:** Wed. PM Fri. PM

Milton Group: Wednesday AM Oakville Group: Monday AM

Mississauga Intro Group** : Thurs. AM Mississauga Conversation Group** : Wed. PM

*new applicants must attend Wellness 1/2 day program

**new applicants attend introductory program first

Applicant Information:

First name:	Last name:	Date of birth: mm / dd / yyyy
Date of onset (stroke/brain Injury/illness): mm / dd / yyyy		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Oth <input type="checkbox"/>
Address:	City:	Postal code:
House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Retirement home <input type="checkbox"/> Supported Living <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other <input type="checkbox"/>		
Home phone:	Cell phone:	Email:
Primary Caregiver/ Support Person:		Relationship:
Phone #:		Email:
Marital Status: Married <input type="checkbox"/> Common law <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>		
Other Emergency Contact: _____		Emergency Contact Phone #: _____
Relationship: _____		Alternate phone #: _____
Transportation: Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Public transit <input type="checkbox"/> Red Cross <input type="checkbox"/> Other <input type="checkbox"/> _____		
Languages spoken/written:		

Referral Source:

Hospital <input type="checkbox"/> CCAC <input type="checkbox"/> Day Program <input type="checkbox"/> Private Practice <input type="checkbox"/> Self/family <input type="checkbox"/> Other <input type="checkbox"/> _____	
Referral Agency Name:	Contact Name:
Title:	Phone:
Fax:	Email:

Medical Information

Name: _____ Date Of Birth: _____

Medical Diagnosis:

Is there any paralysis or weakness?

None Partial: Left side Right side Total

Assistive Devices:

Communication device: _____ Cane / walker

Wheelchair: electric manual scooter

Other, (please specify): _____

Mobility Assistance:

Independent (no assistance needed) Supervision Full Assistance

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

Hearing:

Normal Reduced Hearing aids: Left Right

Vision:

Glasses: everyday reading only

Visual/perception difficulties: _____ Other: _____

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

Details/other information: _____

Date of most recent brain injury: _____ Site of lesion: _____

Determined by CT / MRI: Yes No

If YES, is CT / MRI report available? Yes No

Hospitals/Institutions/Day Programs attended (if any): _____

Length of Speech/Language Therapy: (dd - mm - yyyy) to (dd - mm - yyyy)

Discharge Date: (dd - mm - yyyy)

Family Doctor: _____ Phone #: _____

Further Background Information

Name: _____ DOB: _____

Previous employment: _____ Interests/Hobbies: _____

Please indicate the reason(s) you/the applicant would like to become a member of the Halton – Peel Community Aphasia Programs:

- Maintain communication skills
- Try new things
- Socialize
- Be part of the community
- Improve/maintain reading & writing
- Improve communication skills
- Other: _____

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

We have 5 groupings for our applicants.

Please check (✓) the level you think is most appropriate:

1. Difficulty understanding simple requests and unable to speak
 Understands words and very simple directions
2. Produces single words with a lot of cueing
 Difficulty starting to speak
 Understands conversation, can say single words and some phrases
3. Able to express basic needs/wants and participate in simple conversations
4. Good understanding
 Word finding difficulties
 Some difficulty understanding complex sentences and fast paced conversation
5. Some difficulty with speech while participating in conversation

What methods do you use to encourage understanding and spoken language?

Thank you for contacting the Halton-Peel Community Aphasia Programs. The applicant will be contacted to arrange an initial meet and greet with the Speech-Language Pathologist.