30 years *of* touching lives
and rebuilding conversation

Founder:
Pat Arato

Patron:
Hon. R Roy McMurtry

Past Patrons:
- Dr. Ian Scott
- Dr. Roberta Bondar
- Hon. Stanley Knowles

Aphasia is an acquired communication disorder caused by an injury to the brain that affects a person's ability to use language to communicate. It is most often the result of stroke or head injury.

REFERRAL FORM

Thank you for your interest in the Aphasia Institute – Pat Arato Aphasia Centre.

Please find enclosed a referral form for entry into our programs. Also find attached an aphasia-friendly document to receive consent from the potential client to send their information to us as well as to the Central Community Care Access Centre (CCAC); information sent to the CCAC will provide the potential client access to any appropriate supports, services, or programs through the CCAC.

The Aphasia Institute offers a range of different programs to those people affected by aphasia. The Introductory Program is a 12 week psycho-educational and support program for persons with aphasia and their significant other; it introduces the person with aphasia to our model and helps prepare them for our larger program, the Community Aphasia Program (CAP). CAP is available to anyone who has completed our Introductory Program; it offers a range of recreational, leisure and educational programs which are communicatively accessible. Additionally, support groups may be available for families. All programs (other than support groups) are run by volunteers and supervised by professional staff. Outreach program is offered to clients who are not able to attend on-site programs and live in the Greater Toronto Area.

The following criteria for admission have been developed to ensure our programs are appropriate for an individual with aphasia:

Inclusion (Eligibility) Criteria
- *stroke, other etiology, e.g., A.B.I., tumor – if other criteria are met*
- *left sided, focal lesion*
- *aphasia*
- *primary progressive aphasia (diagnosed by a neurologist)*
- *dysarthria and apraxia together with an aphasia. The dysarthria and apraxia need to be far less significant than the aphasia – in other words, the aphasia is the biggest communication challenge.*

Exclusion Criteria
- *behavioural concerns - clients must be able to function in a social group*
- *major cognitive difficulties*
- *dysarthria and apraxia in the absence of aphasia*
- *degenerative, deteriorating communication challenges*

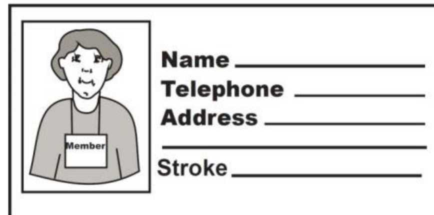
If you have any questions about our referral process, our criteria for admission, our program, or obtaining a Speech-Language Pathology report to accompany the referral, please feel free to contact me.

Sincerely,

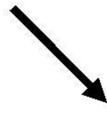
Anjana Magapu, M.S.W., RSW Manager,
Client Services / Social Worker
416-226-3636 ext. 26
amagapu@aphasia.ca

Consent to Give
Personal Information

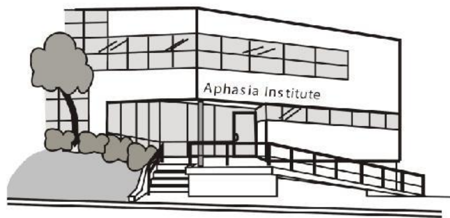
You →



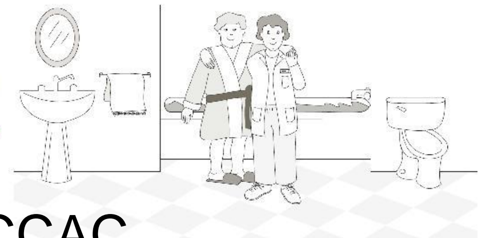
Information



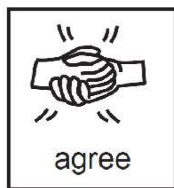
health care aide



Aphasia Institute

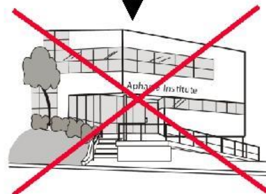


CCAC



YES ______

NO ______



No Programs
at Aphasia Institute

Aphasia Institute
73 Scarsdale Road, Toronto
ON M3B 2R2 Canada
Tel: (416) 226-3636
Fax: (416) 226-3706
www.aphasia.ca

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Referral Form

Please Note:

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

Date: (dd-mm-yyyy)		**OHIP Number:**	
Name of Applicant:			
Age:	**D.O.B:** (dd-mm-yyyy)	**Sex:** ☐Female ☐Male ☐Transgender	
Residence:	☐Home	☐Long Term Care	☐Retirement Care
	☐Other, specify:		
Address:		**Apt:**	**City:**
Postal Code:		**Email:**	
Closest major intersection:			
Telephone:	**Home:**	**Cell:**	
	Business:	**Ext.**	
Transportation:	☐Self ☐Family/Friend ☐Wheel-Trans(number:__________) ☐Other:		
Family Doctor:	**Phone:**	**Address:**	

Best Contact Person	**Applicant** ☐ **(If yes, skip this section)**	**Relationship, if other:**
Name:		
Address:	**Apt:**	**City:**
Postal Code:	**Email:**	
Telephone:	**Home:**	**Cell:**

Referral Information

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

Medical Information

Etiology:	☐Stroke	☐TBI	☐PPA	☐Other, specify:
If Stroke:	☐Thrombosis	☐Embolysim	☐Hemorrhage	☐Aneurysm
Date of onset: (dd-mm-yyyy)	**Number of incidents:**	**Dates:**		
Site of lesion:	**Premorbid Handedness:** Left Right			
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**	☐**Arms**	☐**Left**	☐**Right**
☐**Paralysis**	☐**Legs**	☐**Left**	☐**Right**
	☐**Handedness**	☐**Left**	☐**Right**
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 Communciation Ability

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

Comprehension	☐Mild	☐Mild-Mod	☐Moderate	☐Mod-Severe	☐Severe		
For simple, personally relevant conversations				For complex conversations			
☐No support needed to get messages in				☐No support needed to get messages in			
☐Somewhat dependent on support to get messages in				☐Somewhat dependent on support to get messages in			
☐Dependent on support to get messages in				☐Dependent on support to get messages in			
Types of Support Required:				Types of Support Required:			
☐Key words	☐Gesture	☐Pictographic	☐Resources	☐Key words	☐Gesture	☐Pictographic	☐Resources
☐Low tech AAC	☐High tech AAC	☐Other		☐Low tech AAC	☐High tech AAC	☐Other	
Comments:							

Verbal Expression	☐Mild	☐Mild-Mod	☐Moderate	☐Mod-Severe	☐Severe	
☐No support needed to get messages out			Types of Supported Required			
☐Somewhat dependent on support to get message out			☐Key words	☐Gesture	☐Pictograhpic	☐Resources
☐Dependent on support to get messages out			☐Low tech AAC	☐High tech AAC	☐Other	
Speech			Word Finding			
☐Non verbal	☐Single words		☐Mild		☐Mild-Mod	
☐Short sentences/phrases	☐Full sentences		☐Moderate		☐Mod-Severe	
☐Stereotypes:			☐Severe			
☐Paraphasias:						
Yes/No Response						
☐Unreliable	☐Reliable	☐Verbal	☐Written	☐Gesture	☐Thumb	☐Pointing to Y/N
Comments:						

Reading Comprehension	☐Mild	☐Mild-Mod	☐Moderate	☐Mod-Severe	☐Severe
☐Understands single words			☐Understands complex sentences		
☐Understands simple sentences			☐Understands paragraphs		
Types of Support Required:					
Comments:					

Written Expression	☐Mild	☐Mild-Mod	☐Moderate	☐Mod-Severe	☐Severe
☐No functional writing	☐Writes sentences				
☐Writes names/some single words					
Types of Support Required:					
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 check here ☐ and 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:

Anjana Magapu, M.S.W, RSW
Manager, Client Services / Social Worker

T: 416 226-3636 x 26
E: amagapu@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

Revised Nov 28, 2014