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 Local Health Integration Network (LHIN); information sent to the LHIN will provide the potential client access to any appropriate supports, services, or programs through the LHIN. We cannot process the referral unless the LHIN consent is received and all sections of the referral form are completed.

The Aphasia Institute offers a range of different programs for individuals with Primary Progressive Aphasia (PPA) and their families.

Partner Program for People Living with PPA
The Living Your Best Life Education and Support Program is offered to people and family members/ significant others impacted by PPA. This program has two components – Education and Training, and Support. Running for a total of 7 weeks, people with PPA and their family member/ significant other will discuss a range of important topics and learn Supported Conversation for Adults with Aphasia (SCA) – a communication method including tools and strategies to support ongoing conversations.

Programs for People Living with PPA
Our Community Aphasia Program (CAP) offers a range of recreational, leisure and educational programs which are communicatively accessible. Where appropriate, individuals with PPA are encouraged to participate in our CAP to connect with others who have aphasia.

Family Support Program
Ongoing monthly Family Support Group Meetings are available to all family members/significant others.

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

Inclusion/Eligibility Criteria
- Primary progressive aphasia (diagnosed by a doctor)
- Person with PPA and their partner or significant other are aware of the diagnosis
- Incontinence is self-managed
- 1 person assist with transfers
- Able to function in a social group

Exclusion Criteria
- Unmanageable aggressive behaviours verbally or physically; wandering
- Major cognitive difficulties
- Health care needs that cannot be met through our programs

If you have any questions about our referral process, criteria for admission, our program, or obtaining a Speech-Language Pathology report, please feel free to contact Allison Tedesco at 416-226-3636 x 26 or via email at atedesco@aphasia.ca.
This referral cannot be processed without a Speech-Language Pathology assessment and progress reports

<table>
<thead>
<tr>
<th>Date:</th>
<th>OHIP Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Residence: □ Home □ Long Term Care □ Retirement Care</td>
<td>□ Female □ Male</td>
</tr>
<tr>
<td>Other, Specify:</td>
<td>□ Prefer not to say</td>
</tr>
<tr>
<td>Address:</td>
<td>Apt:</td>
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<td>Postal Code:</td>
<td>Email:</td>
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<tr>
<td>Closest major intersection:</td>
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<tr>
<td>Telephone:</td>
<td>Home:</td>
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<tr>
<td>Business:</td>
<td>Cell:</td>
</tr>
<tr>
<td>Transportation: □ Self □ Family/Friend □ Wheel Trans (number: ____________) □ Other:</td>
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<tr>
<td>Family Doctor:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Best Contact Person □ Applicant (if yes, skip this section) □ Relationship, if other:</td>
<td></td>
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<tr>
<td>Medical Information:</td>
<td></td>
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<tr>
<td>Applicant has a diagnosis of PPA: □ Yes □ No (If no, please explain):</td>
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<tr>
<td>Applicant is aware of diagnosis and its progressive nature: □ Yes □ No (If no, please explain):</td>
<td></td>
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<tr>
<td>Type of PPA: □ Semantic □ Logopenic □ Nonfluent □ Other (please explain):</td>
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<tr>
<td>Date of onset:</td>
<td>Institutions attended:</td>
</tr>
<tr>
<td>SLP therapy (if applicable): Dates: dd-mm-yy to dd-mm-yy Institution:</td>
<td></td>
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<tr>
<td>Visual difficulties:</td>
<td>Hearing difficulties:</td>
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<tr>
<td>Level of independence: Toileting: Mobility:</td>
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<tr>
<td>Other medical info:</td>
<td></td>
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<tr>
<td>Safety concerns:</td>
<td></td>
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<tr>
<td>Behavioural concerns:</td>
<td></td>
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<tr>
<td>Other concerns:</td>
<td></td>
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</table>
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 psychological intervention:

If applicable, applicant's communication partner (name):
Relationship:
Applicant's communication partner is able to attend program: □ Yes □ No (If no, please explain):

Applicant's Goals:
Short term:
Long term:
Barriers to achievement:
Barriers to attending program:
Applicant/Partner expectations:

Assessment of Communication Ability:
Assessment type: □ Informal □ Formal Assessments date: dd-mm-yy Name of test:
Copy attached: □ Yes □ No (If no explain):

Comprehension:
- □ Mild
- □ Mild-Mod
- □ Moderate
- □ Mod-Severe
- □ Severe

For simple, personally relevant conversations:
- □ No support needed to get messages in
- □ Somewhat dependent on support to get messages in
- □ Dependent on support to get messages in

Types of support required:
- □ Key words
- □ Pictographic
- □ Gesture
- □ Resources

For complex conversations:
- □ No support needed to get messages in
- □ Somewhat dependent on support to get messages in
- □ Dependent on support to get messages in

Types of support required:
- □ Key words
- □ Pictographic
- □ Gesture
- □ Resources

Comments:

Reading Comprehension:
- □ Mild
- □ Mild-Mod
- □ Moderate
- □ Mod-Severe
- □ Severe

Understands:
- □ Single Words
- □ Simple Sentences
- □ Complex sentences
- □ Paragraphs

Types of support required:
Comments:

Aphasia Institute PPA referral form March 2019 v.5
### Expression

<table>
<thead>
<tr>
<th>Level</th>
<th>□ Mild</th>
<th>□ Mild-Mod</th>
<th>□ Moderate</th>
<th>□ Mod-Severe</th>
<th>□ Severe</th>
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<tbody>
<tr>
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<tr>
<td>to get messages</td>
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<td>out</td>
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### Types of support required:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>□ Key words</th>
<th>□ Pictographic</th>
<th>□ Gesture</th>
<th>□ Resources</th>
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<tbody>
<tr>
<td>Low tech AAC</td>
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<tr>
<td>High tech AAC</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

### Speech

- □ Non verbal
- □ Single words
- □ Short sentences/phrases
- □ Full sentences
- □ Other:
  - □ Somewhat dependent on support to get messages out
  - □ Dependent on support to get messages out

### Support Levels

- □ Mild
- □ Mild-Mod
- □ Moderate
- □ Mod-Severe
- □ Severe

### Word Finding

- □ Mild
- □ Mild-Mod
- □ Moderate
- □ Mod-Severe
- □ Severe

### Reliable Yes/No Response

- □ Verbal
- □ Written
- □ Gesture
- □ Thumb
- □ Pointing Y/N
- □ Other:

### Motor Speech

- □ Mild
- □ Mild-Mod
- □ Moderate
- □ Mod-Severe
- □ Severe

### Motor Speech Comments

### Overall Expression Comments

### Written Expression

<table>
<thead>
<tr>
<th>Level</th>
<th>□ Mild</th>
<th>□ Mild-Mod</th>
<th>□ Moderate</th>
<th>□ Mod-Severe</th>
<th>□ Severe</th>
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</thead>
<tbody>
<tr>
<td>No functional writing</td>
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<tr>
<td>Name/some single words</td>
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<tr>
<td>Short sentences</td>
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<tr>
<td>Complex sentences</td>
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</tbody>
</table>

### Writing

### Types of support required:

### Comments

### Social Communication

- □ Appropriate
- □ Not Appropriate
- □ Other:
  - □ Appropriate
  - □ Not Appropriate

### Pragmatic Skills (describe):

### Other

### Comments

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Please note: After this referral has been received, the applicant will be placed on our waiting list. They will be contacted by our intake staff within one month of receipt of referral. If the referral is deemed appropriate, the applicant will be invited in for a face to face meeting with a Speech-Language Pathologist and Social Worker. If the applicant meets all the criteria and wishes to proceed, they will be invited to our *Living Your Best Life Education and Support Program* or our *Community Aphasia Program*.

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

Allison Tedesco, MSW, RSW
Manager, Client Services / Social Worker
T: (416) 226-3636 x 26
E: atedesco@aphasia.ca

I have included a recent speech-language pathology assessment & progress reports: □Yes □ No (if no, please explain)

Comments:

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Signature ______________________ Date ____________________

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