

PLEASE DESCRIBE APPLICANT'S PRESENT COMMUNICATION:

- severe receptive difficulties
- severe expressive difficulties
- understands words and uncomplicated phrases
- produces single words with a lot of cueing
- difficulty initiating verbal interaction
- understands conversation on 1:1 basis
- can say single words and some phrases
- good understanding
- can indicate basic wants and needs verbally
- moderate word-finding difficulty
- mild receptive and expressive difficulties

COMMENTS: _____

LANGUAGES SPOKEN: 1ST _____ 2ND _____ OTHER _____

DOES APPLICANT HAVE A COMMUNICATION BOOK? YES _____ NO _____

IF YES, HOW IS COMMUNICATION BOOK USED? _____

WHAT OTHER FACILITATORY STRATEGIES HAVE BEEN USEFUL? _____

VISION: _____ **HEARING:** _____ **PRE-MORBID HANDEDNESS:** _____

EDUCATION: _____ **PREVIOUS EMPLOYMENT:** _____

HAS APPLICANT LEFT EMPLOYMENT DUE TO BRAIN INJURY? YES _____ NO _____

APPLICANTS MAIN SOCIAL CONTACTS: _____

After this referral has been received, the speech-language pathologist and social worker will arrange to have a home visit with the applicant and his or her family. The purpose of the home visit is to evaluate specific needs, to discuss present concerns, and to assess which programs offered by the Aphasia Centre of Ottawa may be of benefit.

To enable us to maintain continuity and to provide the best service possible, please forward all recent assessments and progress reports. We especially value your description of the applicant's "functional communication" and how he or she interacts in conversation. Information on the family and extended support network is also appreciated.

I have explained this information to _____ **and believe it was understood.**
applicant's name

DATE: _____ **REFERRING PERSON'S SIGNATURE:** _____

I agree to this referral to the Aphasia Centre of Ottawa:

DATE: _____ **APPLICANT'S SIGNATURE:** _____

Physician's signature is not obligatory, but helpful when filing for insurance coverage (if applicable):

DATE: _____ **REFERRING PHYSICIAN'S SIGNATURE:** _____