

PRIMARY PROGRESSIVE APHASIA: 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 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.

Founder

Pat Arato

Patron

- Hon. R. Roy McMurtry
- Hon. Elinor Caplan

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 the most often the result of stroke or head injury.

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.

Aphasia Institute

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www.aphasia.ca

Consent

Sharing Your Personal and Health Information



Home and Community Care

Agree?

YES


☐

NO


☐

Name _____

Signature _____

Witness _____

Date _____

Referral Form

Please Note:

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

Date:		OHIP Number:	
Name of Applicant:			
Age:	D.O.B:	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Residence:	<input type="checkbox"/> Home <input type="checkbox"/> Long Term Care <input type="checkbox"/> Retirement Care		<input type="checkbox"/> Prefer not to say
	Other, Specify:		<input type="checkbox"/> _____
Address:		Apt:	City:
Postal Code:		Email:	I give permission for this email address to be used to contact the applicant. <input type="checkbox"/> Yes <input type="checkbox"/> No
Closest major intersection:			
Telephone:	Home:	Cell:	
	Business:	Ext.	
Transportation: <input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Wheel Trans (number: _____) <input type="checkbox"/> Other:			
Family Doctor:		Phone:	Address:

Best Contact Person	<input type="checkbox"/> Applicant (if yes, skip this section)	<input type="checkbox"/> 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:	
Applicant has a diagnosis of PPA: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain):	
Applicant is aware of diagnosis and its progressive nature: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain):	
Type of PPA: <input type="checkbox"/> Semantic <input type="checkbox"/> Logopenic <input type="checkbox"/> Nonfluent <input type="checkbox"/> Other (please explain):	
Date of onset: Institutions attended:	
SLP therapy (if applicable): Dates: dd-mm-yy to dd-mm-yy Institution:	
Visual difficulties:	Hearing difficulties:
Level of independence: Toileting:	Mobility:
Other medical info:	
Safety concerns:	
Behavioural concerns:	
Other concerns:	

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Informal <input type="checkbox"/> Formal	Assessment date: dd-mm-yy
Name of test:	
Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no explain):	

Comprehension:	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild-Mod	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mod-Severe	<input type="checkbox"/> Severe
<i>For simple, personally relevant conversations:</i>			<i>For complex conversations:</i>		
<input type="checkbox"/> No support needed to get messages in			<input type="checkbox"/> No support needed to get messages in		
<input type="checkbox"/> Somewhat dependent on support to get messages in			<input type="checkbox"/> Somewhat dependent on support to get messages in		
<input type="checkbox"/> Dependent on support to get messages in			<input type="checkbox"/> Dependent on support to get messages in		
<i>Types of support required:</i>			<i>Types of support required:</i>		
<input type="checkbox"/> Key words	<input type="checkbox"/> Pictographic	<input type="checkbox"/> Gesture	<input type="checkbox"/> Resources	<input type="checkbox"/> Key words	<input type="checkbox"/> Pictographic
<input type="checkbox"/> Low tech AAC	<input type="checkbox"/> High tech AAC	<input type="checkbox"/> Other:		<input type="checkbox"/> Low tech AAC	<input type="checkbox"/> High tech AAC
Comments:					

Reading Comprehension:	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild-Mod	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mod-Severe	<input type="checkbox"/> Severe
Understands:	<input type="checkbox"/> Single Words	<input type="checkbox"/> Simple Sentences	<input type="checkbox"/> Complex sentences	<input type="checkbox"/> Paragraphs	
Types of support required:					
Comments:					

Expression:	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild-Mod	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mod-Severe	<input type="checkbox"/> Severe
<input type="checkbox"/> No support needed to get messages out	Types of support required:				
<input type="checkbox"/> Somewhat dependent on support to get messages out	<input type="checkbox"/> Key words	<input type="checkbox"/> Pictographic	<input type="checkbox"/> Gesture	<input type="checkbox"/> Resources	
<input type="checkbox"/> Dependent on support to get messages out	<input type="checkbox"/> Low tech AAC	<input type="checkbox"/> High tech AAC	<input type="checkbox"/> Other:		
Speech: <input type="checkbox"/> Non verbal <input type="checkbox"/> Single words <input type="checkbox"/> Short sentences/phrases <input type="checkbox"/> Full sentences <input type="checkbox"/> Other:					
<input type="checkbox"/> Stereotypes:			<input type="checkbox"/> Paraphasias:		
Word Finding: <input type="checkbox"/> Mild <input type="checkbox"/> Mild-Mod <input type="checkbox"/> Moderate <input type="checkbox"/> Mod-Severe <input type="checkbox"/> Severe					
Reliable Yes/No Response: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Gesture <input type="checkbox"/> Thumb <input type="checkbox"/> Pointing Y/N <input type="checkbox"/> Other:					
Yes/No Response Comments:					
Motor Speech: <input type="checkbox"/> Mild <input type="checkbox"/> Mild-Mod <input type="checkbox"/> Moderate <input type="checkbox"/> Mod-Severe <input type="checkbox"/> Severe					
Motor Speech Comments:					
Overall Expression Comments:					

Written Expression:	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild-Mod	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mod-Severe	<input type="checkbox"/> Severe
Writing: <input type="checkbox"/> No functional writing <input type="checkbox"/> Name/some single words <input type="checkbox"/> Short sentences <input type="checkbox"/> Complex sentences					
Types of support required:					
Comments:					

Social Communication:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Other:
Pragmatic Skills (describe):			

Other:	
Comments:	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain)
Comments:

Signature

Date