



Aphasia Institute Referral Form

Community Aphasia Program (CAP)

Thank you for your interest in the Aphasia Institute. We offer a range of different programs for individuals who are living with Aphasia.

Admission Process

Please complete and submit all intake forms to aireferral@onelinkconnect.com
(Or by Fax at 416-226-3706)

You will need to complete two intake forms:

1. **Consent Form** – to send the potential client's information to Ontario Health atHome
2. The Aphasia Institute Referral Form (6 pages)

COMMUNITY APHASIA PROGRAMS

Introductory Program: *New Beginnings*

New clients complete our Introductory Program (New Beginnings) as a first step. This program offers both clients with aphasia and their family members/partners education, psycho-social support, and conversation skill practice. After completing the New Beginnings program, our clients continue on to participate in the many types of group programs. Family members/partners may continue to meet in a support group setting.

Group Programs *Onsite (at the Aphasia Institute) and Online (on Zoom)*

Our programs are delivered in group conversational settings. We offer a range of group programs that ensure participation in meaningful communication, recreation, leisure, and education opportunities. All our programs are communicatively accessible – designed so that people with aphasia can participate actively. Our conversation programs are run by highly trained volunteers and supervised by professional staff.

Outreach Program *Individual conversation sessions*

For clients who are unable to attend our group programs, either in-person or online, our volunteers may engage in weekly telephone sessions. This programming is at the discretion of AI staff as resources are limited.

Family Support Program

Regular Family Support Group meetings are available to all family members/significant others.

Aphasia (UH-FAY-ZEE-UH)
is a communication disorder, resulting from stroke, brain injury, or brain illness. Although people with aphasia remain competent, aphasia can affect speaking, understanding spoken language, reading, writing, and/or participation in daily conversations.

Aphasia Institute
73 Scarsdale Road
Toronto, ON M3B 2R2
T 416.226.3636
F 416.226.3706
www.aphasia.ca

Once we have **processed** the **completed intake forms**, we will schedule an assessment. The assessment will explore the potential client's ability to participate in our programs.



Life's a Conversation

Admission Criteria

We use the following criteria to determine if a potential client will be able to participate successfully in our group sessions.

Inclusion Criteria – to be eligible for an initial assessment

- Aphasia (usually from a left-sided, focal brain lesion)
- Cause: Stroke, other etiology, e.g., brain injury, tumor
- If a motor speech disorder is also present (e.g., dysarthria or apraxia), the aphasia must be the predominant communication disorder
- Able to function in a social group setting

For Onsite Programs

- Incontinence is self-managed
- 1-person assist with transfers

Exclusion Criteria – these factors would present barriers to participation in our group programs

- Unmanageable behaviours, e.g. verbal or physical aggression, wandering
- Significant cognitive difficulties, cognitive-communication disorder, or social-communication disorder

Additional Factors – For Onsite Programs

- Bowel incontinence; 1:1 care needs (total care)
- Health care needs that cannot be met through our programs

If you have any questions about our referral process, our criteria for admission, or our programs, please feel free to contact me.

Sincerely,

Rumi Gutter

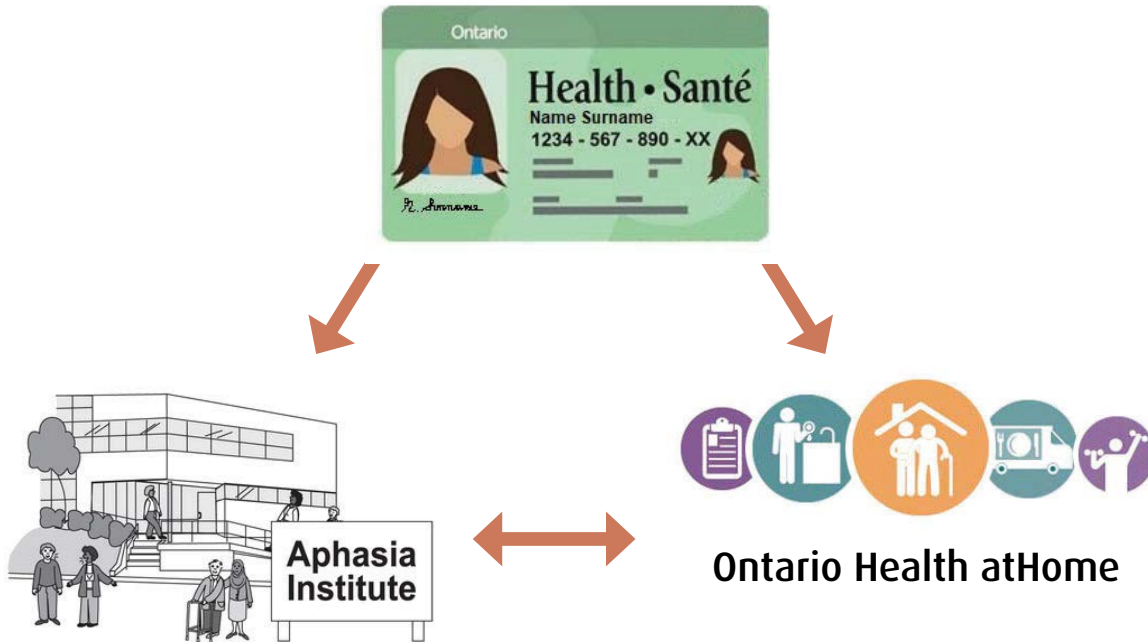
Rumi Gutter, MSW, RSW
Manager of Client Services/Social Worker
416-226-3636 ext. 146
rgutter@aphasia.ca

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Consent

Sharing Your Personal and Health Information



Agree?

YES 

NO 

Name _____

Witness _____

Date _____

If the patient cannot write, please fill in the check boxes, write their name, sign as a witness, and fill in the date.

For/On Behalf
of Patient

Note: Speech-Language Pathology assessment reports and notes must accompany the intake forms.

Please indicate your preference for one or both of our programming locations:

Onsite (at the Aphasia Institute)

Online (on Zoom)

Both

Client Details		Date: (dd-mm-yyyy)	OHIP Number:	
Name of Applicant:			Gender: Female Male	
Age:	Date of Birth: (dd-mm-yyyy)		Gender: _____ Prefer not to say	
Residence:	Home Long Term Care Retirement Care Other, specify: _____			
Address:		Apt:	City:	
Postal Code:	Email:		I give permission for this email address to be used	
Closest Major Intersection:				
Home Phone:		Cell Phone:	Business Phone: Ext.:	
Transportation:	Self	Family/Friend	Wheel-Trans (number: _____)	Other:
Family Doctor:		Phone:	Address:	

Emergency Contact Person		Relationship		No Emergency Contact
Name:				
Address:		Apt.:	City:	
Postal Code:	Email:		I give permission for this email address to be used	
Home Phone:		Cell Phone:		

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

Medical Information

Etiology:	Stroke	TBI	Other, specify:	
If Stroke:	Thrombosis	Embolism	Hemorrhage	Aneurysm
Date of onset:	(dd-mm-yyyy)	Number of incident(s):	Date(s):	
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)			
Visual difficulties (incident related and other):				
Hearing difficulties:				
Hemiparesis:		Paralysis:		
Arms:	Left Right	Arms:	Left	Right
Legs:	Left Right	Legs:	Left	Right
Level of independence – toileting:				
Level of independence – mobility:				
Other relevant medical info: (e.g., 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: "Description and Suggested Solutions":

Assessment of Communication Ability

Based On: Informal assessment/observation

Formal test

Copy attached?

Yes

No

Names of Tests:

Assessment Date: (dd-mm-yyyy)

Aphasia Type:

Nonfluent

Fluent

Sub-Type:

Broca's

Global

Wernicke's

Anomic

Transcortical Motor

Mixed Transcortical

Transcortical Sensory

Conduction

Other: _____

Other: _____

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:

Comments:

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

Speech					
Motor Speech:	Mild	Mild-Mod	Moderate	Mod-Severe	Severe
Apraxia:	Mild	Mild-Mod	Moderate	Mod-Severe	Severe
Dysarthria:	Mild	Mild-Mod	Moderate	Mod-Severe	Severe
Speech Intelligibility:	Completely	Mostly	Somewhat	Barely	Not at All
Comments:					

Written Expression					
Mild	Mild-Mod	Moderate	Mod-Severe	Severe	No functional writing
Writes		Uses a keyboard			
Writes/Types names/some single words			Writes/Types sentences		
Types of Support Required:					
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:				

Social Communication Difficulties (Pragmatics)

No Difficulties Observed	Mild	Moderate	Severe
Turn-Taking (E.g., Interrupting, Monopolizing)			
Comments:			
Appropriateness of Communication (E.g., Angry responses, exclusive focus on own topics, vocabulary/topics suitability to the social situation)			
Comments:			

Cognitive-Communication Difficulties

No Difficulties Observed	Mild	Moderate	Severe
Attention/Endurance (E.g., Sustain attention throughout a group conversation session, shift attention as required among speakers and/or topics)			
Comments:			
Memory (E.g., Hold thoughts 'in mind', recall past experiences and information accurately)			
Comments:			

Communication Partner (if different from Emergency Contact)

If applicable, applicant's communication partner name:

Relationship:

"Is communication partner able to attend the "New Beginnings" program?	Yes	No (if no, please explain)
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Confirmation

Please note all referrals are assumed to be for our Introductory Group Program and Community Aphasia Programs.

I wish this applicant to be considered for Outreach (one-to-one sessions with a volunteer), please check here and explain the need.

After this referral has been received, you and person being referred will receive confirmation of receipt of the referral.

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

Rumi Gutter, MSW, RSW, Manager, Client Services/ Social Worker

E-mail: rgutter@aphasia.ca • Telephone: (416) 226-3636 x146

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:

Your Name (Speech – Language Pathologist / Agent)

Your Signature

By entering your full legal name here, you are representing this name as your signature.

