APHASIA INSTITUTE

Primary Progressive Aphasia PPA: 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 Primary Progressive 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: Living Your Best Life

New clients usually complete our Introductory Program (Living Your Best Life) 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 Living Your Best Life program, our clients may continue on to participate in the various group programs. Family members/partners may continue to meet in the Family Support Program; these ongoing weekly support group meetings are available to all family members/significant others.

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.

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.

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

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Life's a Conversation

Admission Criteria

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

Inclusion Criteria – to be eligible for an initial assessment

- **Primary Progressive Aphasia** (diagnosed by a doctor)
- Person with PPA and their partner or significant other are aware of the diagnosis
- 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

Additional Factors – For Onsite Programs

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

Exclusion Criteria – 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
- Dysarthria or apraxia, in the absence of aphasia

Additional Factors – For Onsite Programs

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

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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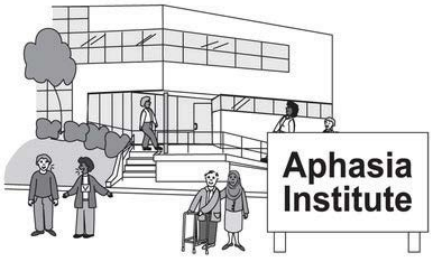
Consent

Sharing Your **Personal** and **Health Information**



Ontario Health atHome

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: Medical assessment reports must accompany the intake form; please attach a speech-language pathology assessment report, if available.

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:

Age: Date of Birth: (dd-mm-yyyy)

Residence: ☐ Home ☐ Long Term Care ☐ Retirement Care ☐ Other, specify: _____

Gender: ☐ Female ☐ Male ☐ _____ ☐ Prefer not to say

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

Applicant has a diagnosis of PPA: ☐ Yes ☐ No (If no, please explain):

Applicant is aware of diagnosis and its progressive nature: ☐ Yes ☐ No (If no, please explain):

Date of onset: (dd-mm-yyyy) Institutions attended:

Visual difficulties: Hearing difficulties:

Level of independence: Toileting: Mobility:

Other relevant 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 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: ☐ Logopenic ☐ Semantic ☐ Other (describe)

Date of Onset: (dd-mm-yyyy) SLP Therapy (if applicable) Dates: (dd-mm-yyyy)

Institutions attended:

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

☐ Somewhat dependent on support to get message out

☐ Dependent on support to get messages out

Types of Support Required

☐ Key words ☐ Gesture ☐ Pictographic ☐ Resources

☐ Low tech AAC ☐ High tech AAC ☐ Other:

Speech

☐ Non verbal ☐ Single words

☐ Short sentences/phrases ☐ Full sentences

☐ Stereotypes:

☐ Paraphasias:

Word Finding

☐ Mild ☐ Mild-Mod

☐ Moderate ☐ Mod-Severe

☐ Severe

Yes/No Response

☐ Accurate: ☐ Verbal ☐ Written ☐ Gesture ☐ Thumb ☐ Facial Expression ☐ Pointing to Y/N

Comments:

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 "Living Your Best Life" program? ☐ Yes ☐ No (if no, please explain)

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 medical report

☐ Yes, I have included a recent speech-language pathology report, if available.

Please note: referrals will not be processed without medical reports

Your Name (Agent/Speech-Language Pathologist)

Your Signature

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

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