



HALTON APHASIA CENTRE

Office Mailing Address: HALTON APHASIA CENTRE
c/o Halton Hills Speech Centre, 232A Guelph St. Suite 208, Georgetown, Ontario, L7G 4B1
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REFERRAL FORM

PLEASE NOTE: ALL FIELDS BELOW MUST BE COMPLETE

Location & Day Preference:

- | | |
|---|--|
| Burlington Group: <input type="checkbox"/> | Brampton Group: <input type="checkbox"/> |
| Tuesdays <input type="checkbox"/> | Wednesdays <input type="checkbox"/> |
| Thursdays <input type="checkbox"/> | Fridays <input type="checkbox"/> |
| Both days <input type="checkbox"/> | Both days <input type="checkbox"/> |
| Wellness House: (Thurs) <input type="checkbox"/> | Georgetown Group: (Wed.) <input type="checkbox"/> |

Name of applicant: _____

Date of Birth: _____ (yyyy/mm/dd) Date of Stroke/Injury: _____ (yyyy/mm/dd)

Address: _____
(Street) (Town) (Postal Code)

Home #: _____ Email: _____

Emergency Contact person: _____ Relationship: _____

Emergency Contact's Home #: _____ Other #: _____

Emergency Contact's Email: _____

Referral Source: _____ Daytime phone #: _____

Please include **speech-language assessments** and **progress reports** if available, as well as any other relevant clinical documentation that may assist Halton Aphasia Centre in learning more about the applicant's needs and functional abilities.

Burlington Program
Royal Canadian Legion
Branch #60, 828 Legion Rd
Burlington, ON, L7M 4J8

Georgetown Program
Glen Williams Town Hall
1 Prince Street
Georgetown, ON, L7G 2X1

Joseph Brant Wellness House
2160 Itabashi Way
Burlington, ON, L7M 4J8

**Tall Pines Long-Term
Care Centre**
1001 Peter Robertson Blvd
Brampton, ON L6R 2Y3

Tuesdays &/or Thursdays
10:00 a.m. - 2:00 p.m.

Wednesdays
10:00 a.m. - 1:00 p.m.

Thursdays 1/2 day
1:00 p.m. - 3:00 p.m.*

Wednesdays &/or Fridays
9:00 a.m. - 12:00 p.m.

**requires enrolment in WH morning program to be eligible*

Medical Information

Medical Diagnosis:

(a list of medications will be required prior to starting at the Halton Aphasia Centre)

Are there any other medical concerns? (✓)

- | | | |
|--|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health/psychiatric |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiac disease | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Other: _____ | | |

Is there any paralysis or weakness?

- | | | |
|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Partial | <input type="checkbox"/> Total |
|-------------------------------|----------------------------------|--------------------------------|

Mobility:

- | | | | | |
|--------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Rollator | <input type="checkbox"/> Wheelchair |
|--------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-------------------------------------|

Mobility Assistance:

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Supervision | <input type="checkbox"/> Full Assistance |
|--------------------------------------|--------------------------------------|--|

***** Applicant must be independent in the bathroom & feeding or bring someone to assist *****
(excepting Wellness House and Tall Pines Long-Term Care Centre)

Hearing:

- | | | |
|-------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Difficulties | <input type="checkbox"/> Hearing aid |
|-------------------------------|---------------------------------------|--------------------------------------|

Vision:

- | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Difficulties | <input type="checkbox"/> Glasses | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Other: _____ | | | |

Are there any difficulties with swallowing?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Dentures?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Background Information

Date of most recent brain injury: _____ Site of lesion: _____

Determined by C.T: Yes No

If YES, is C.T. report available? Yes No

Hospitals/Institutions/Day Programs attended (if any): _____

Length & Frequency of Speech/Language Therapy: _____

Discharge Date: _____ Progress in therapy: _____

Pre-injury Handedness: Left Right

Family Doctor: _____ Phone #: _____

Further Background Information

Previous employment: _____ Languages spoken: _____

Interests/Hobbies: _____

Please indicate the reason(s) you/the applicant would like to become a member of the Halton Aphasia Centre:

- Socialize
- Be part of the community
- Improve communication skills
- Maintain communication skills
- Improve/maintain reading & writing
- Other: _____
- Try new things

We have 5 groupings for our applicants.

Please check (✓) the level you think is most appropriate:

1. Difficulty understanding simple requests and unable to speak
 Understands words and very simple directions
2. Produces single words with a lot of cueing
 Difficulty starting to speak
 Understands conversation, can say single words and some phrases
3. Able to express basic needs/wants and participate in simple conversations
4. Good understanding
 Word finding difficulties
 Some difficulty understanding complex sentences and fast paced conversation
5. Some difficulty with speech while participating in conversation

What methods do you use to encourage understanding and spoken language?

Thank you for contacting the Halton Aphasia Centre.

The applicant will be contacted to arrange a mutually satisfactory initial meet and greet.