

Houston
Aphasia
Recovery
Center



Date:

Name of Applicant:

Date of Birth: Age: Sex:

Address:

City/State: Zip Code:

Email:

Home Phone: Cell Phone:

WHO IS THE BEST PERSON FOR HARC TO CONTACT?

Applicant: Other: Name: Relationship:

Address (if not same as above):

City/State: Zip Code:

Home Phone: Cell Phone:

Email:

REFERRAL INFORMATION:

Referring SLP or other professional:

Hospital/Facility: Phone:

Address:

City/State: Zip Code:

Email:

MEDICAL INFORMATION:

Etiology (circle one):	Stroke	Aneurysm	TBI	PPA	Other (name):
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Date of onset: Site of Lesion:

Hospitals/Facilities Attended:

Length and Frequency of Speech Therapy:

Discharge Date (mm/yy):

Visual Deficits (describe):

Hearing Deficits (describe):

History of Mental Illness(describe):

Level of Independence: (include toileting and mobility- **NOTE: Applicant must be independent in the restroom, or bring someone to assist**):

Other Relevant Medical Information:

REFERRAL FORM

BACKGROUND INFORMATION:

Languages Spoken:	Education:
Previous Employment:	
Interests/Hobbies:	
Support System:	
Has Applicant had ongoing social work and/or psychology intervention (please describe):	

APPLICANT GOALS:

Short term (next year or so):
Long term:
Any barriers to goal achievement? (describe):
Any barriers to attending our program? (describe):

COMMUNICATION ABILITY:

Aphasia Classification (if known):				
Aphasia Severity(circle one):	Mild	Moderate	Severe	Global

Comprehension:

Choose if applicable from the following:	
Severe comprehension difficulty	Has reliable yes/no response
Understands simple personally relevant conversation	Mild comprehension difficulty
Understands complex information	Consistently responds to commands (1-step)
Consistently responds to commands (multi-step)	

Comments:

REFERRAL FORM

Verbal Expression:	
<i>Choose if applicable from the following:</i>	
Non-verbal or no functional speech (jargon)	Can say some single words and/or phrases
Can indicate basic wants and needs verbally	Verbal apraxia or dysarthria
Moderate word finding difficulty	Mild word finding difficulty
Fluent Aphasia	
Comments:	
Reading Comprehension:	
<i>Choose if applicable from the following:</i>	
Unable or severely impaired	Understands single words
Understands sentences	Understands paragraphs
Mild reading impairment	
Comments:	
Written Expression	
<i>Choose if applicable from the following:</i>	
No functional writing	Writes name, some single words
Writes phrases	Writes sentences
Writes paragraphs(mild impairment)	
Comments:	
Pragmatic skills:	
Techniques found useful to facilitate skills:	
<p>After this referral has been received, applicant will be placed on our waiting list. He/she will be contacted by our intake staff within 2 weeks of receipt of referral. The applicant will be offered a tour and initial visit to HARC at which time programs/services will be discussed. We may also ask at this time for a release of information to be completed if we feel we need to obtain additional medical records. Once we are able to gather all the necessary information, we will determine if the applicant is appropriate for our program. If the applicant is appropriate, the next step is to set up a time to begin our introductory appointment which is a prerequisite to joining HARC. Here a Speech-Language Pathologist will do an individualized assessment and make recommendations for our program.</p>	
<p>If you have any questions regarding our referral process or a potential applicant, please contact us at 713-781-7100 to speak to one of our Speech-Language Pathologists or email: stephanie@harctx.org. Thank you.</p>	