



Carrying a personalized wallet card can be a great way to educate others about Aphasia and about the communication strategies that help you the most. Aphasia cards can also be great to use in a high-stress situation such as attempting to order with a long line of people behind you, getting pulled over by a cop, or trying to reschedule a canceled flight. Educating others about Aphasia and how they can best help you will allow you to communicate with the most success.

To use one of our Aphasia cards, print the page below. Cut out the card that best fits your diagnosis (Aphasia and/or Apraxia of Speech) and communication preferences, then fold it along the dotted line. We recommend printing the cards on sturdier paper (e.g. cardstock) or laminating them so that they will last longer.





Integrative Reconnective Aphasia Therapy

I have Aphasia.

To best communicate with me please:

- (1) Speak in short, direct sentences.
- (2) Give me time to respond.
- (3) Write down key words if I do not understand.
- (4) Ask me yes/no questions to confirm we understand each other.



Integrative Reconnective Aphasia Therapy

My name is: _____

APHASIA affects my ability to speak, understand, read, and write. Aphasia **does not** affect my intelligence.

Emergency Contact Information:

Home Address: _____

Emergency Contact: _____

Emergency Contact Number: _____



Integrative Reconnective Aphasia Therapy

I have Aphasia.

To best communicate with me please:

- (1) Speak in short, direct sentences.
- (2) Give me time to respond.
- (3) Allow me to write or draw.
- (4) Write down key words if I do not understand.



Integrative Reconnective Aphasia Therapy

My name is: _____

APHASIA affects my ability to speak, understand, read, and write. Aphasia **does not** affect my intelligence.

Emergency Contact Information:

Home Address: _____

Emergency Contact: _____

Emergency Contact Number: _____



Integrative Reconnective Aphasia Therapy

I have Aphasia.

To best communicate with me please:

- (1) Speak in short, direct sentences.
- (2) Reduce distractions or loud noise
- (3) Write key words for me.
- (4) Ask me yes/no questions to confirm we understand each other.



Integrative Reconnective Aphasia Therapy

My name is: _____

APHASIA affects my ability to speak, understand, read, and write. Aphasia **does not** affect my intelligence.

Emergency Contact Information:

Home Address: _____

Emergency Contact: _____

Emergency Contact Number: _____



Integrative Reconnective Aphasia Therapy

I have Aphasia and Apraxia of Speech.

To best communicate with me please:

- (1) Speak in short, direct sentences.
- (2) Give me time to respond.
- (3) Allow me to write or draw.
- (4) Ask me yes/no questions



Integrative Reconnective Aphasia Therapy

My name is: _____

APHASIA affects my ability to speak, understand, read, and write. Aphasia **does not** affect my intelligence.

Emergency Contact Information:

Home Address: _____

Emergency Contact: _____

Emergency Contact Number: _____



Integrative Reconnective Aphasia Therapy

I have Aphasia and Apraxia of Speech.

To best communicate with me please:

- (1) Speak in short, direct sentences.
- (2) Ask me yes/no questions.
- (3) Allow me to write or use my iPad to communicate.
- (4) Call my caregiver for information.



Integrative Reconnective Aphasia Therapy

My name is: _____

APHASIA affects my ability to speak, understand, read, and write. Aphasia **does not** affect my intelligence.

Emergency Contact Information:

Home Address: _____

Emergency Contact: _____

Emergency Contact Number: _____