

# Intensive Aphasia Therapy Program Application: Client Information

Please fill out the following information to apply to our program. If you would prefer a paper application. Download the PDF here. Scan the completed application and e-mail it to Brooke Lang at [blang@iraphasiatherapy.com](mailto:blang@iraphasiatherapy.com)

\* Required

1. Name \*

First and Last Name

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2. Email \*

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3. Phone number \*

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4. What State do you live in? \*

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5. Are you on Medicare? \*

Mark only one oval.

Yes

No

6. Is English your primary language? \*

Mark only one oval.

Yes

No

7. Date of Birth \*

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Example: January 7, 2019

8. What is your preferred method of contact? \*

Mark only one oval.

- Email
- Phone
- Contact a Caregiver/Family Member/Friend
- Other: \_\_\_\_\_

9. Person filling out the form (if not person with Aphasia)

\_\_\_\_\_

10. Relationship to person with Aphasia

Mark only one oval.

- Spouse    *Skip to question 11*
- Parent    *Skip to question 11*
- Friend    *Skip to question 11*
- Other    *Skip to question 11*

*Skip to question 15*

Caregiver Contact  
Information

Please fill out the contact information for the caregiver/family member/friend who we should contact.

11. Name

\_\_\_\_\_

12. Phone Number

\_\_\_\_\_

13. Email

\_\_\_\_\_

14. Preferred method of contact:

Mark only one oval.

- Email
- Phone
- Other: \_\_\_\_\_

Intensive Aphasia Therapy Program Application: Medical Information

15. Did you have any of the following events? \*

Check all that apply.

- A stroke from a clot (ischemic)
- A stroke from a bleed (hemorrhage)
- A brain injury
- A brain tumor
- None
- Other:  \_\_\_\_\_

16. When did the event above (stroke, brain injury, brain tumor) occur?

\_\_\_\_\_

17. Are you currently receiving speech and language services?

Mark only one oval.

- Yes
- No

Intensive Aphasia Therapy Program Application: Aphasia Information and Goals

18. How would you rate your TALKING?

Mark only one oval.

|                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                             |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
|                           | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                             |
| No words/Only a few words | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Participate in conversation |

19. How would you rate your UNDERSTANDING?

Mark only one oval.

|                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                                |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|
|                    | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                                |
| I can't understand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I understand almost everything |

20. How would you rate your READING?

Mark only one oval.

|              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                   |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|
|              | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                   |
| I can't read | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I can read books. |

21. How would you rate your WRITING?

Mark only one oval.

|                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                        |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
|                    | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                        |
| I can copy letters | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I can write paragraphs |

22. What is one thing that you are unable to do right now that you want to be able to do after the 4-week intensive program? \*

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23. Are you currently working or planning on returning to work?

Mark only one oval.

Yes

No

Maybe

Other: \_\_\_\_\_

**Intensive  
Program  
Options**

Please indicate your interest in the following options our program has to offer. Your selection in this survey is not final and can be adjusted before starting our program.

24. Each Intensive Program is 4 weeks. Which treatment Intensity are you most interested in? \*

*Mark only one oval.*

- 2 hours/day; Total of 40 hours of therapy
- 3 hours/day; Total of 60 hours of therapy
- Other: \_\_\_\_\_

25. What other activities would you like to participate in? (Free of charge) \*

*Check all that apply.*

- Social Aphasia Group
- Personalized Home Practice
- None

26. What technology do you have available to you?

*Check all that apply.*

- iPad
- Laptop
- PowerPoint
- Other:  \_\_\_\_\_

27. What additional services would you like be included during your sessions? (Free of charge) \*

*Check all that apply.*

- Training of family or friends
- Education for family and friends
- Additional education about Aphasia and Stroke/TBI
- None

28. I am interested in paying for my intensive treatment session in full at the start of the program in order to receive a 10% discount off of the total program cost. \*

*Mark only one oval.*

- Yes
- No
- Maybe