



Fax referral form to: 250-565-2061
Attention: UBC-SNAP c/o Elaina McCarron

***For adults with Aphasia: an acquired communication disorder most often resulting from a stroke causing impairments with speaking, listening, reading, and/or writing**

Date of referral: _____

Client information

Name:	
Date of birth:	
Address:	
Phone:	
Contact person/relationship:	
Contact person phone:	
Physician:	

Medical and communication information

Diagnosis: (please sent pertinent medical records)	
Onset of stroke:	
Describe the communication problem in your own words:	

Reason for referral (please check all that apply)

- Difficult to understand speech
- Difficult with reading or writing
- Difficulty expressing thoughts or ideas (client's speech may be vague or non-specific)
- Uses an alternative means of communicating (i.e. gestures, writing, drawing, augmentative devices)
- Difficulty finding words (i.e. person may "knife" for spoon, or may not be able to say the word at all)
- Difficulty understanding questions or directions
- Difficulty following conversation
- Non-verbal
- Other: _____

Is this person able to commit to attending conversation therapy groups twice a week (Tuesdays and Thursdays) at UHNBC from April 23 to July 19, 2018: Yes No

