



Additional Application Information (page 1 of 3)

IMPORTANT: This form MUST be accompanied by the GTA Rehab Network Outpatient/Ambulatory Rehab Referral form. Please provide as much detail as possible to help us better understand your communication needs

Form with fields for Name of applicant, Date of birth, Gender, Health Card Number, Telephone no., Address, Language, Name of contact person, etc.

Medical Diagnosis

Medical diagnosis and date of onset

Has health status changed recently, or is it expected to change in the near future? (describe)

Have Augmentative and Alternate Communication (AAC) services been received in the past?

no yes (list location and outcome)

AAC Goals

Face-to-Face communication

- consultation
communication display
Speech Generating Device (SGD)
other (specify)

Written communication

- word processor
computer
other (specify)
personal writing
for work
for education

List goals in detail

- 1.
2.
3.
4.
5.

Please provide any information about therapy or specialists seen

Additional Application Information (continued - page 2 of 3)

Name of applicant _____

Physical and Sensory Information

Vision and Perception

Are any visual/perceptual problems experienced?

no yes ▶ Describe in detail

Are any hearing problems experienced?

no yes ▶ Describe in detail

Physical Information

Able to: (✓ appropriate box)	Left	Right	Comments
Grasp objects	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Release objects	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Point with finger	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Write with pen or pencil	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Which movement seems to be the most reliable and comfortable? Describe in detail.

Approximately how many hours per day are spent in the following?

In bed	hrs.	Wheelchair	hrs.	Days out of bed/week	days
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Mobility

Ambulation

Independent

yes no (complete the following)

Uses aid

cane walker wheelchair other (specify) _____

Wheelchair

Manual Power

Model

Propels

independent assisted dependent Tilt

Type of control (e.g. joystick)

Educational / Vocational Information

Highest level of education

Work / volunteer history

(indicate if currently working or volunteering)

Reading and Writing Ability

Reading	Writing
Able to read and understand <input type="checkbox"/> His/her name <input type="checkbox"/> Simple words (e.g. dog) <input type="checkbox"/> Complex words (e.g. schedule) <input type="checkbox"/> Sentences <input type="checkbox"/> Short messages <input type="checkbox"/> Stories	Able to write: <input type="checkbox"/> His/her name <input type="checkbox"/> Simple words (e.g. dog) <input type="checkbox"/> Complex words (e.g. schedule) <input type="checkbox"/> Sentences <input type="checkbox"/> Short messages <input type="checkbox"/> Stories

Additional Application Information (continued - page 3 of 3)

Name of applicant _____

Face-to-Face Communication (complete only if referring for face-to-face communication needs)

Present Communication Methods

Describe current communication system (e.g. speech, vocalizing gestures, facial expressions, writing, display, technology)

If communication is by speech, indicate:

% understood by familiar listener:

% understood by unfamiliar listener:

Communication Needs

Lists specific examples of where communication is breaking down.

List important communication partners

Written Communication Information (complete only if referring for written communication needs)

Describe writing needs (what needs to be written, frequency, and reason)

Describe the current writing method

Describe any problems with hand writing

Computer Experience

Does the applicant have any computer experience or knowledge?

no

yes

Type of computer

Adaptations/accessibility features used

Special positioning during use

Are any of the following owned? (describe)

Windows Computer

Mac Computer

other (specify) _____

Year purchased (if applicable): _____

Completed by

Signature

Date

Name of facility (if applicable)