

PIRATE

The Program for Intensive Residential Aphasia Treatment and Education

VA Pittsburgh Healthcare System

General Application Form

Applicant Information

Name _____

Address _____

Street

City

State

Zip Code

E-mail _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Date of Birth _____ Sex M ___ F ___
 M D Y

Marital status _____

Do you live alone? Yes No

If you do not live alone, please list the individuals you live with

Caregiver Information

Name _____

Address _____

Street

City

State

Zip Code

E-mail _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Will you be accompanying the applicant to the initial assessment?

Would you be interested in attending any training and education sessions (1-2 days)?

Applicant's Employment History

What was your most recent occupation? _____

What other occupations have you had? _____

Were you employed at the time of your stroke/accident/illness? _____

Applicant's Education History

What was the highest grade level you completed in school? _____

Did you attend university/college? _____ If so, what degree did you receive and what did you study? _____

Is English your first language? _____ If not, what is your first language?

History of Communication Difficulty

What is the cause of your current communication difficulty and when did it begin? _____

Did you have any difficulty expressing yourself, understanding the speech of others, or reading and writing before the onset of your current difficulty?

Current and Past Speech-Language Assessment/Therapy

Please list the last two speech pathologists that you have seen for assessment and/or treatment..

Speech Pathologist's Name _____

Facility Name _____

Address _____

Phone (____) _____ Dates Attended _____

Speech Pathologist's Name _____

Facility Name _____

Address _____

Phone (____) _____ Dates Attended _____

Personal Interests and Treatment Goals

We customize our treatments to each individual. The information you provide us in this section will help us begin to plan for your therapy. If the applicant cannot fill out the information below, a communication partner may provide assistance. Please answer the questions as specifically as possible.

Please describe three activities you have difficulty participating in because of your communication difficulties (e.g. ordering in a restaurant). Choose activities that you would like to be able to engage in after attending the PIRATE program.

- 1. _____
- 2. _____
- 3. _____

Please describe three topics of conversation that you are unable to engage in (e.g. small talk or talking politics). Choose topics that you would like to be able to discuss after attending the PIRATE program.

1. _____
2. _____
3. _____

Describe any other important communication goals you would like to achieve by the end of the PIRATE program. _____

What are your interests and hobbies? _____

Please describe your typical day, in terms of what you do and the people you meet. _____

As caregiver, what communication goals would you realistically like to see the applicant achieve by the end of the PIRATE program?
