

Aphasia Boot Camp Application Form

June 5, 2023 – June 29, 2023 | M-F 9:00-12N

Name: _____ Phone: _____

E-mail: _____ Date of Birth: _____

Name of the person completing the form: _____ Phone: _____

E-mail: _____ Relationship: _____

Who is the best person for us to contact? _____

Who told you about the Aphasia Boot Camp? Friend/family Physician/nurse OtherWhat caused your communication problem? Stroke/CVA Head Injury Other

If you chose 'other,' please give us some details. _____

When was your stroke/accident/diagnosis? _____

Please describe the problems you have with speaking, understanding, writing, or reading.

Have you received speech therapy before? yes no

If yes, where did you receive services? _____

Are you currently receiving services? Speech OT PT Where?Do you feel you have the stamina to participate in three hours of therapy each day, five days a week, for four weeks? yes noHave you received the COVID-19 vaccine? yes noHas your accompanying partner received the COVID-19 vaccine? yes noPlease e-mail this information to tawni.ballinger@lebonheur.org 901-457-0500

I understand that e-mail is not a secure form of communication.

Name

Date