



## ***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?

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

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### ***Applicant's Employment History***

What was your most recent occupation? \_\_\_\_\_

What other occupations have you had? \_\_\_\_\_

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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 received and what did you study? \_\_\_\_\_

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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, of 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 \_\_\_\_\_

***Local Telehealth Clinic Information***

*Please ask your local SLP to assist you with this information.*

Facility Telehealth Coordinator \_\_\_\_\_  
Phone (    ) \_\_\_\_\_  
Fax (    ) \_\_\_\_\_  
Alias \_\_\_\_\_

***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 (i.e. ordering in a  
restaurant). Choose activities you would like to be able to engage in  
after attending PIRATE.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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What are your interests and hobbies? \_\_\_\_\_

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

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

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