



### Application Form

Date \_\_\_\_\_

Person filling out this form (if not the applicant) \_\_\_\_\_

I am interested **ONLY** in a Virtual PIRATE session (on the computer) in my home YES\_\_\_ NO\_\_\_

I am interested **ONLY** in an In-Person PIRATE session (attending in Pittsburgh) YES\_\_\_ NO\_\_\_

I would consider **EITHER** Virtual or In-Person PIRATE session YES\_\_\_ NO\_\_\_

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

M D Y

Social Security # \_\_\_\_\_

### Caregiver Information

Name \_\_\_\_\_

Check here if contact information is the same as above

Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

**Emergency Contact**

**\*\* Please note a recent change to our program policy\*\***

Should you be accepted into PIRATE, we will require that a specific "Emergency Contact" be identified. This designated person will be responsible for picking you up should your eligibility status change during your participation in PIRATE. This would be the case, if you have a change in medical status or behavior, falls, etc., and deemed by PIRATE staff no longer eligible to participate. A signature from the designated "Emergency Contact" acknowledging this policy will be required upon acceptance into PIRATE.

Please check this box to acknowledge that you have read the above information regarding our new policy.

Check here if this is the same as caregiver information

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

***Applicant's Primary Care Physician***

Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

***Applicant's Employment History***

Occupation \_\_\_\_\_  Retired     Active

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

\_\_\_\_\_  
Were you employed at the time of your aphasia onset?     Yes     No

***Applicant's Education History***

What was the highest grade level you completed in school? \_\_\_\_\_

Did you attend university/college?  Yes  No

If yes, what degree did you receive and what did you study?

Is English your first language?  Yes  No

If not, what is your first language? \_\_\_\_\_

Did you have any speech, language or learning difficulties prior to the onset of your aphasia?  Yes  No

Did you have dyslexia before the onset of your aphasia?  Yes  No

***Applicant's Housing & Transportation Information***

Living Quarters (Please circle your *current* status)

House      Apartment      Assisted Living      Personal Care

Do you live alone?  Yes  No

If no, whom do you live with? \_\_\_\_\_

Do you drive a car?  Yes  No

If no, who drives you? \_\_\_\_\_

***Applicant's Medical Information***

If you have aphasia, is this the result of a stroke or TBI?  Stroke  TBI

Please list the dates of all strokes or traumatic brain injuries (TBI)

Have you ever had a seizure?  Yes  No

If yes, what was the date of your last seizure? \_\_\_\_\_

Are you currently taking medication for seizures?  Yes  No

Do you get your blood drawn because you are on a blood thinner?

Yes  No

*Please indicate below whether you have had any of the following symptoms within the last **30 days**.*

Symptom	Yes	No	Comments
Fatigue, Tiredness			
Pain on Most Days			
Vision Loss, Impairment			
Eye Pain, Blurring, or Double Vision			
Poor Hearing			
Earaches, Ringing in Ears			
Problems Chewing or Swallowing			
Hoarseness or Changes in Voice			
Sleep Apnea			
Loss of Control of Bowels			
Loss of Control of Urine			
Problems with Walking or Balance			
Recent Falls			
Problems with Sleeping			
Headaches			
Weakness			
Tremors			
Numbness or Tingling			
Problems with Memory			
Dizziness			
Fainting			
Problems with mental health (e.g. depression, anxiety)			

*Please answer the following questions, even if you are not sure, and give dates if applicable. Please obtain your **medical records** if you were treated outside of the VA around the time of your aphasia onset. We request that you **send copies of outside records to PIRATE staff**.*

<b>Have you had a...</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Date of Last Time</b>	<b>Location of Testing</b>
CAT Scan					
MRI Scans					

*Please identify the level of assistance you need for each of the activities listed below.*

	<b>No assistance</b>	<b>A little assistance</b>	<b>A lot of assistance</b>
Feeding Self			
Bathing			
Dressing			
Using the Toilet			
Getting out of Bed or Chair			
Shopping for Groceries			
Preparing Meals			
Housework (laundry, cleaning, etc.)			
Taking your Medications (Does someone remind you?)			
Managing Your Money			
Walking in Your Residence			
Entering and exiting passenger vehicles			
Navigating within the community			

If you selected “a little” or “a lot” of assistance for any of the above areas, please explain what type of assistance you require with each of these activities.

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Are there any other personal needs that you need assistance with? If yes, please list them and explain what type of assistance you require with each activity.

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***Assistive Devices***

	Yes	No
Do you wear hearing aids? What was the date of your last exam? _____		
Do you wear eye glasses? If yes, what was the date of your last exam? _____		
Do you use a cane or walker? If yes, please list _____		
Do you use a wheelchair? If yes, are you able to independently transfer yourself from your wheelchair into another chair or bed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Communication Goals**

*If the applicant cannot fill out the information below, a communication partner may provide assistance. Please answer the questions as **specifically** as possible.*

Please identify/describe at least 3 personal goals relating to your communication (i.e. within the following language domains: verbal expression, language comprehension, reading (oral or comprehension), and writing).

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Research Opportunity**

If you are accepted to PIRATE, you may be eligible to participate in a VA sponsored research study examining the outcomes of intensive aphasia treatment. Would you be interested in learning more about aphasia research opportunities at the Pittsburgh VA?

- Yes, I would like to learn about aphasia research opportunities
- No, I am not interested in learning about aphasia research opportunities