



## PIRATE E-Consultation Request

1) Patient's Full Name:

2) Full Social Security #:

3) D.O.B:

4) Is this an out-of-VISN 4 Request: ☐ Yes ☐ No

5) Requesting VA Primary Care Physician:

6) Referring VA Medical Center (local / home VA treating patient):

- Patient has been diagnosed with aphasia: ☐ Yes ☐ No
- Patient is independent with activities of daily living: ☐ Yes ☐ No
- Patient is independent with medication management: ☐ Yes ☐ No
- Patient is independent with mobility: ☐ Yes ☐ No
- Patient is medically stable (including mental health diagnosis): ☐ Yes ☐ No

Please evaluate candidacy for PIRATE.

Note: Two e-consults will be generated at VISN 4 by PIRATE staff because of this consult. Our PIRATE speech-language pathologists and the MD on our PIRATE team.

Signature: \_\_\_\_\_

\*\*Please fax this document to the attention of Rebecca Ruffing

Fax # 412-360-6426