



Application Date:

Contact Information

Applicant Name:

Address:

Phone:

E-mail:

Date of Birth:

Social Security Number:

Emergency Contact Person:

Relationship to Applicant:

Phone:

Who would you like to be the primary contact for PIRATE staff (i.e. the person who will be contacted for more information, updates, and scheduling requests)?

Applicant

Emergency Contact

Other _____

What is your preferred method of contact?

Medical Information

Primary Care Physician Name:

Phone:

Fax:

Is this a VA provider?

Yes

No

Date of Aphasia Onset:

Cause of Aphasia:

Stroke

Traumatic Brain Injury

Other

Have you ever had a seizure?	Yes	No
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If yes, when was your most recent seizure?

If yes, what medications (if any) do you take for seizures?

Do you have difficulty with walking/balance?	Yes	No
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Do you wear a limb prosthetic or orthotic?	Yes	No
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Do you use a cane or walker?	Yes	No
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Do you use a wheelchair or power chair?	Yes	No
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If you use a wheelchair or power chair, are you able to independently transfer from wheelchair to another chair, toilet, or bed?

Yes

No

Do you need special equipment for bathing?	Yes	No
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What equipment?

Over the past 30 days have you experienced any of the following symptoms?

Fatigue/Tiredness	Yes	No
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Pain Most Days	Yes	No
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Recent Falls	Yes	No
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Trouble Sleeping	Yes	No
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Headaches	Yes	No
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Weakness	Yes	No
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Forgetfulness	Yes	No
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Dizziness	Yes	No
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Fainting	Yes	No
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Worsened mental health	Yes	No
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Increased trouble walking	Yes	No
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Increased trouble with balance	Yes	No
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Do you have difficulty swallowing?	Yes	No
Do you consume a medical diet?	Yes	No
What diet?		
Are you continent of urine?	Yes	No
Are you continent of bowel?	Yes	No
Do you have sleep apnea?	Yes	No
Do you have depression, anxiety, or PTSD?	Yes	No
Do you have any allergies?	Yes	No
Do you require oxygen?	Yes	No

Are you independent with these tasks of daily living?

Bathing	Yes	No
Dressing	Yes	No
Entering/Exiting Vehicles	Yes	No
Feeding Yourself	Yes	No
Getting out of Bed/Chair	Yes	No
Grocery Shopping	Yes	No
Housework	Yes	No
Managing Money	Yes	No
Meal Preparation	Yes	No
Navigating in Community	Yes	No
Taking medication	Yes	No
Using the toilet	Yes	No

If you need assistance with any of the above tasks, please describe:

Are there any other personal needs that you need assistance with?

Yes No

If yes, please list them and explain the type of assistance you require:

Does the applicant require supervision for safety due to cognitive concerns?

Yes No

If yes, please describe further:

Do you have hearing loss?	Yes	No
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When was your most recent hearing test?

Do you wear hearing aids?	Yes	No
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Do you have vision loss?	Yes	No
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When was your most recent vision test?

Do you wear eyeglasses?	Yes	No
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Communication Information

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

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

What is your first language? English Other

What are your personal goals related to your communication?

1)

2)

3)

4)

5)

Program Logistics Information

PIRATE now offers services in person in Pittsburgh or virtually via telehealth.

No matter which modality you choose, if you participate in PIRATE, you will receive intensive customized aphasia therapy. Our program data shows that participant outcomes are the same for virtual and in-person enrollment.

Which treatment modalities are you interested in?

In Person (Pittsburgh) Virtual (telehealth) Either Option

PIRATE offers rolling admissions to eligible applicants. Do you have dates you are NOT available to participate in PIRATE this year or next year?

If you travel to Pittsburgh and stay in PIRATE housing would a family member or caregiver travel with you?

Yes

No

Unsure

If you travel to Pittsburgh and stay in PIRATE housing would a family member or caregiver stay with you in the housing during the program?

Yes

No

Unsure

What questions do you need answered by our program staff at this time?

Thank you for taking the time to fill out this application! Please submit to the PIRATE team by fax (412-360-6426) or return to us by mail:

VA Pittsburgh Healthcare System

PIRATE ATTN: Rebecca Ruffing

University Drive, 112 SP-U

Pittsburgh, PA 15240