

Medications:

Is applicant currently taking any medications? ____yes ____no

Please list names of medications for:

- Seizures _____
- Heart _____
- Depression _____
- Blood thinners _____
- Diabetes _____
- Other _____

Does applicant have any other medical problems? ____no ____yes

If yes, please describe _____

SPEECH AND COMMUNICATION

What language(s) does applicant speak? _____

What language is used in the home? _____

Handedness prior to the stroke/accident ____right-handed ____left-handed

Does applicant have any visual problems? ____no ____yes

If yes, please describe _____

Does applicant wear glasses? ____no ____yes

Does applicant have any hearing problems? ____no ____yes

If yes, please describe _____

Does applicant wear hearing aid? ____yes ____no

Does applicant use any communication aids, such as a communication notebook or

Dynavox? ____no ____yes

If yes, please describe _____

Please circle the number that best describes applicant's communication:

1. Almost no understanding of the spoken word
Almost or complete inability to speak
2. Understands words and very simple directions
Produces single words with assistance, such as imitation or saying the first sound
3. Understands conversation, can say single words and phrases spontaneously
4. Good understanding
Able to express needs
Able to speak in conversation
5. Mild understanding difficulties of complex information.

PHYSICAL MOBILITY

Does applicant use any of the following aids?

____cane ____quad cane ____walker ____wheelchair

How often are these aids used? _____

Is applicant independent in toileting? ____yes ____no

Fax completed application to 214-689-6614

OR

Mail to: The Stroke Center-Dallas
1810 Inwood Road
Dallas, Texas 75235-7299