

Contact Information

Name of Client	
Support Person/Contact	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
E-Mail Address*	

****much of the communication for TAP Unlimited is sent via email. Please provide an email address of a close friend or relative if possible. If you do not have access to email/ computer, a TAP buddy will be assigned to you and they will phone you with any changes/ important notifications re: TAP programming.***

How did you hear about TAP: _____

Background Information:

Date of Birth: ____ / ____ / _____ Age: _____

Please check all that apply:

- ☐ Stroke: date(s): _____
- ☐ Brain Injury: type and date: _____
- ☐ Primary Progressive Aphasia or other FTD
- ☐ Other Neurological Impairment: explain: _____
- ☐ Allergies
- ☐ Seizures

Please note any special needs or physical limitations: _____

Please note: To participate in Aphasia Day or other extended group programs, an individual must be independent in ambulation, transfers and toileting OR have a support person who will assist the client with these needs. TAP will not be available/able to offer that type of assistance.

Social History

Educational Level: _____

Career / Type of Work: _____

Volunteer Position(s): _____

Current Living Situation: _____

Circle: married widowed single divorced

Children

Name	Age	Spouse	Location

Grandchildren

Name	Age	Location

Activities

TAP Unlimited is based on a Life Participation Approach to Aphasia (LPAA) ... it is essential that an individual wishing to participate in the program consider what goals, interests or activities they wish to return to, or perhaps, become involved in for the first time. TAP will help design hierarchies to meet those needs and modify strategies for communication as they continue in their pursuits.

WORK, SPORTS, RECREATIONAL, HOBBIES, INTERESTS...

BARRIERS YOU PERCEIVE TO PARTICIPATION/ENJOYMENT IN THESE ACTIVITIES...

SPEECH THERAPY HISTORY

Please list types/amount of speech therapy you / the client have been involved in and include, with this intake, the latest speech pathology summary/report.

Please send the completed form to:

TAP Unlimited

127 North Salem Street, Suite A

Apex, NC 27502

aphasia@nc.rr.com