

UNIVERSITY OF MICHIGAN APHASIA PROGRAM

MEDICAL INFORMATION FORM

(To be completed by physician)

The University of Michigan Aphasia Program (UMAP) offers intensive intervention programs for adults with speech and language difficulties due to brain injury. Each client receives three hours of individual therapy and one hour of group therapy daily. In addition, the program may be supplemented with daily homework and computer activities.

Although the program is self-contained in one building, clients must move from session to session, use an elevator, and be able to care independently for their needs.

Patient Name _____

Date of Birth _____

Date of Onset _____

Etiology of Communication Impairment _____

| Medications | Dosage | Frequency |
|-------------|--------|-----------|
| | | |
| | | |
| | | |
| | | |

Allergies _____

Other Conditions (please circle):

Hemiparesis Hypertension Heart Disease Syncope Ulcers

Seizures Diabetes Chronic Headaches Visual Field Deficits

Other Conditions _____

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Dietary Restrictions _____

Date of Last Completed Physical Exam _____

| | | |
|--|-----|----|
| Do you see this patient routinely? | Yes | No |
| Do you feel your patient would be physically capable of participating in an intensive speech-language program? | Yes | No |
| Would you recommend that your patient participate in an intensive speech-language program? | Yes | No |
| Would your patient require any medical monitoring if involved in our program? | Yes | No |
| If yes, please describe _____ | | |
| _____ | | |
| _____ | | |

Physician's Signature _____

Physician's Name (print) _____

Address _____

Phone _____

Email _____

Date _____

Physician's NPI# _____

Thank you. A copy of the final report will be forwarded to you after appropriate release forms have been signed.