

Aphasia Institute

Aphasia Institute Program Application

Complete the following application and email to us at: aphasia@vegasvoiceinstitute.com. All information will be considered confidential and is protected by the HIPPA Act of 1996. Admission is contingent upon our receipt of your application. We will determine your candidacy of this program and then an invitation will be extended for you to join us here at The Aphasia Institute. Enrollment is provided on a first-come-first serve basis in response to the invitation. If you are extended an invitation to our program 50% of the cost of this program will reserve your spot.

Vegas Voice Institute
105 N Pecos Road Suite 116
Henderson, NV 89074
Phone: (702) 558-9900 Fax# (702) 558-9920
Website: www.vegasvoiceinstitute.com
Email: aphasia@vegasvoiceinstitute.com

Name of Applicant:		
Street Address:		
City	State	Zip code
Home ph#	Cell phone #	
Email:		
DOB:	Age:	Gender:
Have you applied to this program before?		
Preferred dates of attendance:		
Name of person completing this form:		
Email:		
Caregiver Information:		
Name:		
Relationship to Applicant:		
Phone:	Email:	
Marital Status:	Spouse's name:	
Spouse's occupation:		
Ph#		
Email:		

Language Skills: please describe what tasks you have trouble doing:
1.
2.
3.

Please check one of the following boxes:	
<input type="checkbox"/> I cannot speak	<input type="checkbox"/> I speak in single words
<input type="checkbox"/> I speak in phrases	<input type="checkbox"/> I speak in sentences
<input type="checkbox"/> I can formulate questions	
<input type="checkbox"/> I can carry on a conversation	
<input type="checkbox"/> I can comprehend words	
Please check one of the following boxes:	
<input type="checkbox"/> I cannot read	<input type="checkbox"/> I read single words
<input type="checkbox"/> I can read the newspaper	<input type="checkbox"/> I can read books
Please check one of the following boxes:	
<input type="checkbox"/> I cannot write	<input type="checkbox"/> I can write my name
<input type="checkbox"/> I can write single words	<input type="checkbox"/> I can write sentences
<input type="checkbox"/> I can formulate a letter	<input type="checkbox"/> I can email people
History:	
Nature of Illness/accident:	Date:
Were you unconscious? If so, for how long?	Were you paralyzed?
Where?	Were you right or left handed before the present problem?
Previous Facility or Clinic you were treated at:	
Name of Facility:	
Type of Facility (hospital, outpt, home health):	
Personal Information:	
Do you use the bathroom independently?	
Do you wear glasses?	
Can you walk independently?	
Do you use a wheelchair?	
Are you able to follow a schedule without direct supervision?	
Can you take your medication independently?	
Do you wear a hearing aid?	
Please list 2 previous jobs:	
Please describe 2 hobbies:	
Please describe 2 activities you enjoy doing:	
Please describe 2 books you would like to read:	
Previous Speech Therapy Clinic:	

Professional's Name:
Address:
Phone #:
Dates attended:

Educational History: Please list your high school, college and graduate education.

Medical History: Please have your physician, speech-language pathologist, and hospital include a copy of your medical records and include it with this application.

Acknowledgement

I fully understand and have been given an explanation that my insurance benefits will not be verified or do not apply to the Aphasia Institute Program at Vegas Voice Institute. I fully understand that I am requesting to be accepted into the Aphasia Institute Program in order to participate in an intensive aphasia program which is unlike a typical insurance paid program. I understand that my insurance will not be billed because this is an uncovered benefit and I fully intend to pay the cost of this program out of pocket.

Patient Name

Signature

Date