



Email: Calgary.Aphasia.Centre@gmail.com

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Phone: (403) – 796-4658

Client Information Sheet

Name _____

Date of Referral: _____

Mobility: Wheelchair Walker Independent

Communication Diagnosis:

Conversational Interests (i.e. hobbies):

Communication Strategies:

1.

2.

3.

4.

5.

Writing Ability: _____

Reading Ability: _____

Glasses: Yes No

Hearing Aids: Yes No