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# Registration Form

Date of registration (mm/dd/yyyy): \_\_\_\_\_

**This program is for you if:**

- You had a stroke or brain injury resulting in aphasia
- You spoke conversational English before your stroke or brain injury
- You can use the toilet independently or have a care provider available to assist

**This program is not for you if:**

- You have a primary diagnosis of dementia
- You have a diagnosis of Primary Progressive Aphasia (PPA)

**Note:** Applicants must be contacted by the CAC intake coordinator before attending a conversation group.

## Contact Information

Applicant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_ Access Calgary # (if applicable): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Who should we contact to arrange the applicant's group attendance?**

- Applicant  Primary Contact

**When was the applicant last seen by a speech-language pathologist (provide SLP name and contact information)?**

## Registration Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Form completed by:**

- Applicant  Family  Physician  Physician assistant  SLP  Nurse  Other: \_\_\_\_\_

**How did you find out about the Calgary Aphasia Centre (CAC)?**

- Physician  Physician assistant  SLP  Nurse  CAC website  Stroke Recovery Association of Calgary  
 Health fair  Other: \_\_\_\_\_