

ACTU INFORMATION DAY REFERRAL FORM (ADULT)

Electronic Assistive Technology (EAT) /

Augmentative Alternative Communication (AAC) (known ACTU clients only)

If you would like to explore Augmentative and Alternative Communication (AAC) and you are new to the service please discuss this with your speech and language pathologist (SLP) who can support you to make the appointment.

Section A: Applicant information

A1. Personal Information

Name and surname _____

Address _____

Date of birth _____

I.D. number _____

Gender Male Female Other

Telephone _____

Primary language used _____

When you last made use of the ACTU service? _____

A2. Diagnosis (please attach relevant reports)

Primary diagnoses _____

Date of onset _____

Stable Deteriorating Improving

Other significant medical history (please include health factors which may impact on EAT needs/provision e.g. seizures multiple health problems)

List of medications

A3. Professionals supporting you (give names and contact details, if applicable)

Speech and Language Pathologist	_____
Occupational Therapist	_____
Physiotherapist	_____
Other	_____

Section B: Reason for referral

B1. I would like to (kindly tick one of the below)

To view EAT equipment (indicate the name or type of equipment that you would like to view)

To mount electronic equipment (please specify the equipment you want to be mounted and wheelchair model)

Update of current EAT/AAC equipment e.g. equipment is out of date, broken or no longer meeting your needs. Please state which equipment you are currently using:

Review for technical issues e.g. updates, something is not working with the equipment. Please state which equipment is being used. Include both hardware and software:

Training on specific equipment. Please state the type or name of equipment. Include both hardware and software if applicable.

Other. Please describe.

B2. Please list any other relevant information that might be helpful for this consultation (attach any relevant reports, videos and photos)

Signature: _____

Date: _____