



# Ontario Aphasia Camp 2018

Person with Aphasia Application

Application #: \_\_\_\_\_

Thank you for your interest in Aphasia Camp 2018!

**Date:** Friday **November 2** arrival between 4:30 pm to 5:00 pm  
to Sunday **November 4** leave at 12:30 pm

**Location: Camp Trillium, Rainbow Lake**

433 Thompson Road West

Waterford, ON, N0E 1Y0

**Application: Submit by September 14.**

Have you **attended** Aphasia Camp **before**?

2012     2013     2014     2015 (Camp)     2015 (Retreat Day)

2016 (Camp)     2017 (Retreat Day)     2017 (Camp)

## Your Information

Last Name:

First Name:

Address:

City:

Postal Code:

Telephone number #:

Email Address:

Date of Birth:

Gender:  male

female

Emergency Contact Name:

Contact Person's Phone Number #:



Health Information

Please circle all that apply.



stroke



Seizures



brain injury



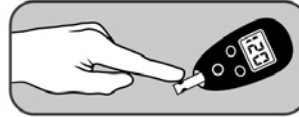
headaches



swallowing



digestion



diabetes

type 1  type 2

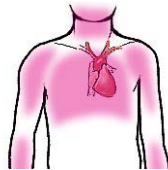


pregnant



blood pressure

high   low 



angina

heart attack

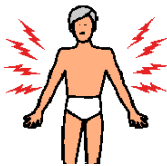


heart disease



vision

wear glasses



chronic pain /  
arthritis



other joint concerns



back pain



hearing

wear hearing aid



asthma



breathing problems



incontinence



bowel problems

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**What else** do we need to know about **your medical condition**?

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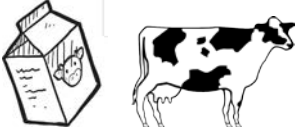






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**List your medications** (or attach **list**).

I will need **help** managing my **medications**.



Allergies:  yes ✓  no ✗

trigger	mild	moderate	severe
 wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 other nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 soy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Outside : trees, grass, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Insects: bees, wasps etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Do you use an EpiPen®?  yes ✓  no ✗

Special Diet:  yes ✓  no ✗

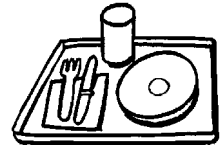
diabetic  vegetarian  vegan

gluten free  dairy free

pureed  soft  chopped

thickened liquids (  nectar  honey  pudding)

other: \_\_\_\_\_



### Daily Activities

**NOTE:** There will be **personal support workers** available for assistance.

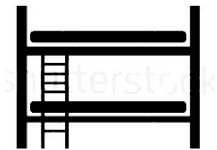


Will you require **personal support** during camp?  yes ✓  no ✗

Are **you able** to climb **stairs safely** without help?  yes ✓  no ✗



I will be **able** to **sleep** in:  the **top** of a **bunk bed**  
 the **bottom** of a **bunk bed**







When going to the **toilet**, I use a:

 raised toilet seat	 commode	 grab bars <input type="checkbox"/> left <input type="checkbox"/> right	 catheter
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none of these  other: \_\_\_\_\_

Do you need help with....



		no			some			a lot		
		no	some	a lot	no	some	a lot	no	some	a lot
	eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	showering or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## MOBILITY

Do you use any of these **assistive devices**?  yes ✓  no ✗

Which **devices** do you use?





How much **help** do you need?






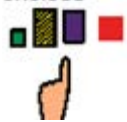










device	none	some	a lot
 <input type="checkbox"/> cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Communication

Do you have **difficulty** with...

	no	some	a lot
 <input type="checkbox"/> understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What **helps you to communicate?** Please **circle.**

 writing	 drawing	 communication book
 choices	 iPad or device	 camera
 family or friend	 extra time	 gesture
 pointing	 pictures	 maps
 speak slowly	<i>boating</i> key words	 quiet

Other:

**PAYMENT**

All financial information is **confidential**.

Your **financial information** will be **destroyed** after you pay.

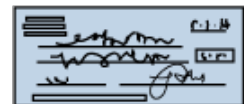
Cost: **\$150.00** per person

You can **pay** by **cheque** or **credit card**.

Cheque

Make payable to: **March of Dimes Canada**

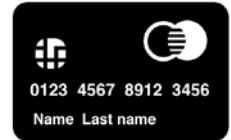
Please **attach** your cheque to this form.





Credit Card:

We accept Visa, MasterCard, and American Express.



We will **call you** for your **credit card information**.

## Consent

The **personal support worker** may **help** me with my **medications**.

yes ✓     no ✗



If I have a **medical emergency**, staff will call my emergency contact.

If my emergency contact can **NOT** be **reached**, staff will **call 911**.

yes ✓     no ✗



**March of Dimes** Canada, **Western University**, Adult Recreation Therapy Centre (**ARTC**)

may use **photographs, videos**, and/or **stories** of me:

yes ✓     no ✗



**Signature of applicant:**

**Date:**

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Send your **application** form to Alexis Dickson by **September 3, 2018**.

**Mail:** Alexis Dickson  
10 Overlea Boulevard  
Toronto, Ontario M4H 1A4

**Email:** [adickson@marchofdimes.ca](mailto:adickson@marchofdimes.ca)

**Fax:** 416-425-1920



### Important...

We will **review** your application. This will help us meet your **medical needs**.



We can **NOT** offer **support** for some **medical conditions**.



**Sending** an **application** does NOT guarantee you a spot at **camp**.

We will **let you know** by **October 1** whether you have been **accepted** to camp.



We will **not charge** you if you are **not accepted**.