

### Caregiver Form

Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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

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

Austin Speech Labs believes caregivers are an essential part of recovery in stroke rehabilitation. We realize that recovery from stroke is life altering for not only the client but for their caregiver as well. We would like to support you.

Please take a moment to fill out the checklist below and provide us with any other suggestions you may have.

\_\_\_ I will be responsible for all billing.

\_\_\_ I am interested in Austin Speech Labs' caregiver support group and I give my permission to share my email with the caregiver facilitator.

Please complete the following questionnaire:

1. List specific communication concerns you are experiencing at home with your loved one.
2. List functional daily tasks important to you and your loved one.
3. List 3-4 words or phrases that are necessary in your loved one's daily communication.
4. Additional information regarding communication with your loved one that will help us provide the best therapy services.