



Rodney Aphasia Group

Membership Form

For people with aphasia, their spouses/carers/friends one form per person

Name.....

Address

Phone Mobile

Emergency Contact Phone

Please ✓ the appropriate box

Are you: a person with aphasia a caregiver a friend of a person with aphasia

The following questions relate to people with aphasia only:

Do you have any medical conditions, e.g. heart problems, epilepsy, hearing loss, etc or special
Yes/No

If yes, please
describe.....

Date(s) of your
stroke(s).....

If your aphasia is not a result of a stroke, please indicate cause of the aphasia:

.....

Please try to tell us about your aphasia:

Your ability to express yourself verbally:

Your understanding of what others are saying:

Your understanding of what you read:

Your ability to express yourself in writing:

Membership costs \$15 annually for an individual, or \$20 for (2) people from the same family.

Payment options:

Cheque/cash/online banking 060 383 0179748 00 or Post to PO Box 736 Orewa

OFFICE USE: Paid Date: __/__/__