

# Stroke Comeback Center Emergency Care Card

Date completed:

\_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Gender (optional): \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

Type of Injury:      stroke      TBI      Other: \_\_\_\_\_

Date of Stroke/Accident: \_\_\_\_\_ History of Seizures:      yes      no

Dietary Restrictions: \_\_\_\_\_ Diabetic:      yes      no

Have you served in the US Military?      yes      no      Branch: \_\_\_\_\_

Did your spouse serve in the US Military?      yes      no      Branch: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_

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

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

**Additional Contact:** Name: \_\_\_\_\_

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

**Which email should we use for billing questions?** \_\_\_\_\_

**Is there anything else an emergency care provider would need to know?**

\_\_\_\_\_

Unless a Durable Do Not Resuscitate Form accompanies this Emergency Card, all heroic measures will be taken to preserve life in the event of a medical emergency. This includes CPR, endotracheal intubation, artificial ventilation and defibrillation. The Durable DNR program is legislated by the Virginia General Assembly and administered by the Virginia Department of Health, Office of Emergency Medical Services. If you desire further information about Durable DNR, please inform the administration of the Center.

**Disclaimer: SCC does not diagnose any conditions or provide a plan of treatment**

**Stroke Comeback Center • 145 Park Street, SE • Vienna, Virginia • 22180 • 703.255.5221  
50 W Edmonston Drive, Suite 301 • Rockville, Maryland • 20852 • 301.605.7620**

## Stroke Comeback Center Member Background

*Please provide information that you feel will help us get to know a new member*

### Background Information:

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

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Natural Handedness: \_\_\_\_\_

Describe any special needs or physical limitations: \_\_\_\_\_

\_\_\_\_\_

### Social History:

Education: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Career History: \_\_\_\_\_

\_\_\_\_\_

Born/Raised: \_\_\_\_\_

Marital Status:            Married            Widowed            Single            Divorced

### Children:

Name	Age	Spouse	Location

### Grandchildren:

Name	Age	Location

Other significant family or friends: \_\_\_\_\_

\_\_\_\_\_

Disclaimer: This is not an SLP assessment or evaluation resulting in a diagnosis or plan of treatment.

**Activities/Interests:**

Hobbies/Interests/Sports/Recreation: \_\_\_\_\_  
\_\_\_\_\_

Describe a typical day before stroke/injury: \_\_\_\_\_  
\_\_\_\_\_

Describe a typical day after stroke/injury: \_\_\_\_\_  
\_\_\_\_\_

Describe your use of technology (computer, smartphone, iPad, Kindle, etc.): \_\_\_\_\_  
\_\_\_\_\_

Describe your level of interest in reading and writing: \_\_\_\_\_  
\_\_\_\_\_

**Other:**

What are you hoping to gain from the Center? \_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent info that we have not covered on this form:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing this form: \_\_\_\_\_

*Are you interested about learning more about our **Caring Connection** program for family members, caregivers, and friends? If so, please leave your contact information here and we will have a participant from our Caring Connection program reach out to you:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Prefer contact:      morning      afternoon      evening      weekday      weekend

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## **Fee & Payment Policy:**

Stroke Comeback Center (SCC) does not accept insurance reimbursement and will not submit claims to insurance companies. If an individual actively receives insurance benefits, it is recommended that all available therapy benefits be consumed elsewhere prior to attending SCC programs. Of course, if there is a desire to supplement reimbursed therapy, you are welcome to attend groups on a self-pay basis.

In keeping with our mission, we offer our services at affordable rates, significantly below the rates of other facilities. Additionally, we offer our services on a sliding scale. We use the Health and Human Services Poverty Guidelines to determine scholarship eligibility. If you would like to apply for a reduced fee you will need to produce *proof of household income* (preferably the summary page of the most recent year's tax return). Our accountant will review your request and make a determination of fee.

We schedule our classes based on member input and interest. Our policy is that all members pay their tuition in advance. Tuition is collected at the beginning of each session, and your payment serves as your registration for a class. Returning members with an unchanged class schedule must pay within the first two weeks. Returning members with new class schedules and new members enrolling in classes for the first time may delay payment until their class schedule is finalized. All payments are nonrefundable except in certain circumstances, such as extenuating medical issues. These special circumstances will be reviewed on a case-by-case basis, by request. Paying registration fees by check electronic funds transfer is strongly preferred since we must pay a fee for credit card use.

The SCC financial consultant is responsible for all billing and collection of fees. A copy of the current tuition schedule is available.

### **Classes at Stroke Comeback Center:**

Communication support classes may be facilitated by a speech-language pathologist or a graduate student intern. Groups and classes are not considered to be medically necessary, and therefore their costs are not typically reimbursable by medical insurance. Participation in these groups and classes does not guarantee improvements in communication skills.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If unable to insert signature: I certify agreement with this policy by typing my name on the line above .*

## Photographic Release:

I \_\_\_\_\_ or guardian of \_\_\_\_\_ hereby authorize and consent to allow Stroke Comeback Center (SCC) to produce written articles, website materials, and/or to take pictures and use the above-mentioned name and likeness in articles, photographs and electronic tapes, including voice, sound and narration in connection therewith, and to make, use and distribute negatives and prints thereof, to retouch and edit them, and to copyright, use and publish any and all of the same for publication, professional purposes, public relations, promotion, use in informational, educational, or teaching programs, textbooks, civic, and service organization programs, and any other like purposes in connection with Stroke Comeback Center, its programs, activities, boards and committees.

Any written articles, photographs, electronic tapes, negatives, prints, and reproductions of the same shall be and remain the property of Stroke Comeback Center, and may not be assigned without the prior consent of the releasor.

It is understood and agreed that no compensation, remuneration, or benefit of any kind whatsoever shall be paid to the undersigned or said minor. In certain cases, your likeness or picture may be used in multiple copies of a publication. No further consent is necessary for multiple or repeated use of the name or likeness of releasor, provided the use is subject to the terms hereof.

This release will remain in effect for ten years unless revoked by notice to Stroke Comeback Center or amended in writing by the undersigned.

I authorize my photo to be used in connection with SCC programs, activities, or publications.

**NO PHOTOS** - I do not authorize my photo to be used in connection with SCC programs, activities, or publications

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If unable to insert signature: I certify agreement with this policy by typing my name on the line above*

SCC member

guardian