

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
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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

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

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



Keep our Community Healthy: Agreement for In-Person Programs and Events

We are counting on your cooperation to keep our community healthy

I will not attend in-person programs or events if:

- I am feeling ill or have a fever.
- I have a suspected or diagnosed/confirmed case of illness (such as flu, colds, or COVID-19).

I agree to follow the recommended guidelines for returning to in-person programs or events following an illness, as outlined by the Centers for Disease Control (CDC).

- **Flu:** At least 24 hours after fever is gone without the use of fever-reducing medicines, or after symptoms have improved (at least 4-5 days after flu symptoms started).
- **COVID-19:** after day 5 if symptoms are improving and you are fever-free for 24 hours without the use of fever-reducing medication (Day 1 is the first full day after the day [symptoms](#) started or a positive test).
- **Other illness:** At least 24 hours after fever is gone without the use of fever-reducing medicines.

I will inform a Stroke Comeback Center employee or group leader if I contract COVID-19 after attending an in-person program or event.

I am **aware of the risks** of possible exposure to illness while attending programs and events offered by Stroke Comeback Center and am aware of virtual program offerings. Nevertheless, I **voluntarily elect to attend programs at Stroke Comeback Center with full knowledge and awareness of the danger and risk involved.**

Member Name: _____

Signature: _____ Date: _____

Caregiver/Guardian of: _____ (if applicable)

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