

## **PIRATE E-Consultation Request**

Patient's Full Name: Full Social Security #: D.O.B: Is this an out-of-VISN 4 Request: Yes No Requesting Primary Care Physician: Referring VA Medical Center (e.g. Cleveland VA Medical Center)	Center):
<ul> <li>Patient has been diagnosed with aphasia:</li> <li>Patient is independent with activities of daily living:</li> <li>Patient is independent with medication management:</li> <li>Patient is independent with mobility (at least 150 ft):</li> <li>Patient is medically stable (including mental health diagnosis):</li> </ul>	<ul><li>Yes</li><li>No</li><li>Yes</li><li>No</li><li>Yes</li><li>No</li><li>Yes</li><li>No</li><li>Yes</li><li>No</li></ul>
Please evaluate candidacy for PIRATE.  Note: Three e-consults will be generated at VISN 4 by PIRATE staff as a In addition to SLP, MD and OT may be individually consulted to fully evaluate.	
Signature:	

\*\*Please fax this document to the attention of Mary Sullivan. Fax # 412-360-6426