ADDITIONAL COMMUNICATION AID REQUEST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **User’s identification** | | | | | | |
| Last name: |  | | First name: | |  | |
| RAMQ: |  | | Expiry date: | |  | |
| Additional communication aid requested: | | | | | | |
|  | | | | | | |
| Reason(s) for the request and description of attempts to resolve the problem(s)\*: | | | | | | |
|  | | | | | | |
| Speech-language pathologist: | |  | | Telephone: | |  |
| Workplace: | |  | | Date: | | Cliquez ici pour entrer une date. |

\*Attach a copy of the speech-language pathology assessment or follow-up notes if relevant