



Adult/Teen Application Form

- for applicants 12 years of age and over -

Name: _____ Birthdate: _____
(day/month/year)

Sex: F M

Address: _____

_____ Postal Code: _____

Phone (home): _____ (work): _____
(include area code) *(include area code)*

Fax: _____ E-mail address: _____
(include area code)

How did you hear about us? _____

TEENAGED APPLICANTS (12-17 years) - complete sections I and III below

ADULT APPLICANTS (18 & older) - complete sections II and III below

SECTION I - *(Teenagers complete this section)*

PARENTS OR GUARDIANS

Relationship to child, if Guardian: _____

	<u>Mother</u>	<u>Father</u>
Name:	_____	_____
Address: (if different from above)	_____	_____
Phone (home):	_____	_____
(work):	_____	_____
(cell):	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

FAMILY AND SCHOOL

Names and ages of brothers and sisters: _____

Twin sister: Twin brother: Identical: Fraternal:

Twin brother or sister stutters: Yes No

School you attend: _____ Grade: _____

Overall school performance: Good Fair Poor

Extracurricular activities, hobbies: _____

Hand preference: Left Right Preference has switched

SECTION II - (Adults complete this section)

Place of employment: _____

Type of employment: _____

Level of schooling last completed: _____ Date: _____

Marital status: Single Married Divorced Separated

Name of spouse: _____

Names of children: _____

Special interests: _____

Twin sister: Twin brother: Identical: Fraternal:

Twin brother or sister stutters: Yes No

Hand preference: Left Right Preference has switched

SECTION III - (Both adults and teenagers complete this section)

MEDICAL

Family Physician: _____

Address: _____

Hospitalizations: No Yes Place: _____

Reasons for hospitalization: _____

In what years: _____

Medical or psychiatric problems for which you have received or are now receiving treatment: _____

Medication you are taking: _____

Reason: _____

LANGUAGE BACKGROUND

Mother tongue: _____

Other languages spoken: _____

Learned: (places): _____

(dates): _____

SPEECH HISTORY

Age at which stuttering first began: _____ (*in years and months*)

Presumed cause of stuttering: _____

Stuttering first noticed by: _____

Relatives, close or distant, who stutter: _____

Reaction of family and friends to your stuttering: _____

How has your stuttering changed: _____

Situations in which your stuttering worsens: _____

Sounds which you find especially difficult: _____

Words or situations you avoid: _____

Your classification of your stuttering: (*select appropriate number*)

- 1 mild
- 2
- 3 moderate
- 4
- 5 severe
- 6
- 7
- 8 very severe

Ways in which stuttering handicaps you: _____

Previous therapy for stuttering, if any:

Place: _____

Date and duration: _____

Type of procedure used: _____

Results: _____

Additional comments that may help us understand your stuttering: _____

APPLICATION FOR: Assessment only Assessment and therapy

- I may be interested in an intensive clinic (specify which clinic) _____
- I prefer to be assessed in Calgary I prefer to be assessed in Edmonton
- I have no preference as to the Calgary or Edmonton office
- I prefer a long-distance assessment (phone or telehealth – videoconferencing). If you would like this assessment via telehealth please include the name and phone number of your local telehealth coordinator. _____

SIGNATURE OF APPLICANT: _____ Date: _____
(Signature of parent or guardian if applicant is under 18) (day/month/year)

Please email completed form to: istar@ualberta.ca

Or fax it to: (780) 492-8457

Or send it to: ISTAR
Suite 1500, College Plaza
8215 – 112 Street
Edmonton, Alberta, Canada T6G 2C8

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used in a confidential manner, for the purpose of delivering speech therapy services and for providing updates and information about ISTAR. Direct any questions about this collection to: ISTAR, Suite 1500 College Plaza, 8215 – 112 Street, Edmonton, Alberta, T6G 2C8. Phone: 780-492-2619. Email: istar@ualberta.ca

