



Adult/Teen Application Form

- for applicants 12 years of age and over -

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

Sex: F M Another/prefer not to disclose

Address: _____

City: _____ Province: _____ Postal Code: _____

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

Preferred Contact Method: _____ E-mail address: _____

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*)

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
- None
mild
moderate
severe
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

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
8205 114 St, 3-48 Corbett Hall
Edmonton, AB Canada T6G 2G4

Applying for treatment shows your consent to being contacted occasionally via email about current course offerings (refreshers or workshops, etc), and occasional paid programs and events. As always, you can unsubscribe from a particular email mailing list at any time by clicking the unsubscribe link on those emails.

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, 8205 114 St, 3-48 Corbett Hall, Edmonton, AB Canada T6G 2G4. Phone: 780-492-2619. Email: istar@ualberta.ca