

Interprofessional Clinic Clinique Interprofessionnelle



Express Yourself! Youth Stuttering Camp – Registration Form

Program Dates: July 18th-22nd 2022 – 9:00 am to 3:00 pm daily

Location: Interprofessional Clinic at Perley Health
1750 Russell Road Ottawa Ontario, K1G 5Z6

Referred by: _____
Name

Primary Care Provider Billing/License # _____
 Speech Language Pathologist

Address _____
Street/City/Province/Postal Code

Phone _____ Fax _____ Date _____
Signature

Childs Name _____ DOB _____ Age _____ Preferred Pronouns _____
dd/mm/yyyy

Address _____
Street/City/Province/Postal Code

Mailing address _____
(if different than above)

Speech, Language, Fluency and Stuttering Information

Questions 1 to 15 to be completed by the referring speech language pathologist or primary care provider.

1. What prompted you to register the child for camp? _____

2. Describe the child's speaking difficulty in your own words (Please mention all areas of concern)

3. At what age did the child start stuttering? _____
4. How has the child's speech changed since that time? _____

5. What seems to help the child when they are stuttering? _____

6. Has the child ever demonstrated any:
 Awareness of stuttering Physical tension during stuttering
 Frustration about speaking Complaints that they "can't talk"

Describe _____

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7. Has the child ever been teased about stuttering? Yes No

Describe _____

8. Has the child ever discussed their speaking difficulties with you? Yes No

Describe _____

9. Is there any history of stuttering in the family? _____

Do any of the child's parents, brothers or sisters stutter? _____

Anyone on the child's mother's side? _____ Anyone on the child's father's side? _____

Describe the relative(s)' stuttering _____

10. How would you rate the child's stuttering at its best and at its worst? Check two boxes.

Very mild			Moderate			Very Severe
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

11. How does the child's stuttering affect their:

Academic performance? _____

Participation in school activities? _____

Interaction with other children? _____

Interaction with family members? _____

Willingness to talk and communicate? _____

Self-esteem or attitude toward self? _____

12. Has the child previously been assessed for speech/language concerns? Yes No

If so, describe _____

***If the child is referred by their primary care provider, please include the report from the speech language pathologist (SLP) If the child has never been assessed by an SLP, you will be contacted by our clinic to book an appointment with the speech language pathologist. Note that the assessment fee is \$130 per hour.**

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13. Has the child received any prior speech/language therapy? Yes No

If so where? _____ By whom? _____

For how long? _____ Focus of treatment? _____

Results of treatment? _____

14. Have any other family members had speech/language problems, other than stuttering? Yes No

Indicate the person's relationship to the child and the nature of the problem: _____

15. Please add any additional information you think is relevant or use this space to elaborate on any of your answers

above: _____

Parent/Legal Guardian Name: _____	Parent/Legal Guardian Name: _____
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact
Relationship to Child? _____	Relationship to Child? _____
Home phone _____	Home phone _____
Cellphone _____	Cellphone _____
Work phone _____	Work phone _____
Email _____	Email _____
What is the best way to contact you?	What is the best way to contact you?
<input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Email

Name of the Emergency Contact: _____ Telephone: _____

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Please submit the completed registration form by July 4th 2022.
Please pay the non-refundable deposit of \$50 on or before June 17th, 2022 for the early bird rate. If the non-refundable deposit of \$50 is paid after June 17th 2022 the regular rate will be owed.

By Mail Interprofessional Clinic at Perley Health
Attn: Youth Stuttering Camp
1750 Russell Rd,
Ottawa, ON, K1G 5Z6

By Cheque Addressed to Perley Health

By Telephone by calling 613-526-7125

By Fax at 613-526-7126

Payment by Debit card at the clinic

or

Credit Card (Visa or Mastercard)
at the clinic or by telephone

The total fee for the Youth Stuttering Camp must be paid by July 4th, 2022.

Early Bird Rate (on or before June 17th 2022): \$550

Regular Rate (After June 17th and by July 4th, 2022): \$625

For any other questions concerning the Youth Stuttering Camp or the services offered at the Interprofessional Clinic please contact our clinic by telephone at 613-526-7215 or by email at icadmin@perleyhealth.ca