Northwest Center for Fluency Disorders Interprofessional Intensive Stuttering Clinic (NWCFD-IISC)
Idaho State University Departments of Communication Sciences & Disorders, Counseling and Psychology

(Clinic dates: July 28th – August 10th, 2019; typically 9am – 5pm daily)

Date application was completed: ____/____/_____
Name of person completing application if other than client: _____
Relationship to client *(if appropriate)*: _____
Has client been seen in our clinic before? ☐ Yes ☐ No
If "yes," when? _____
Why is client applying for services? _____

CLIENT & GUARDIAN INFORMATION

Client Name:_____ Birthdate:___/____/_____ ☐ Male ☐ Female
Guardian Name *(if appropriate):* _____
Street Address: _____
(City, State, Zip): _____
Home Phone: _____
Alternate Phone: Work:_____ Cell:_____
Email Address:_____
T-shirt size: _____(Adult S, M, L, XL, XXL) Style: Male_____ Female_____ (*They run small in female cuts*)

Medical

Please list any allergies:_____

Please list any medical conditions that we should know about:_____

Please list any medications that we should know about:_____

Please list any mental health diagnoses that we should know about:_____
_____

IN CASE OF EMERGENCY

Family Members / Caregivers	"X" if Legal Guardian(s)	Relationship (e.g., mother, father, husband, wife, sister, son etc)	Phone Number	"X" if lives with you

REFERRAL INFORMATION

How did you hear about our clinic?
☐ Professional Referral:
Name: _____
From where: _____
☐ Website ☐ Phone Book ☐ Friend
☐ Other: _____

Mailing Address: ISU Communication Sciences & Disorders, 921 S 8th Ave, Mailstop 8116, Pocatello, ID 83209-8116
Physical Address: 650 Memorial Dr. Building 68, Pocatello, ID 83201
Clinic Phone: 208-282-3495 • Clinic Fax: 208-282-4571 • Clinic Email: slpaudio@isu.edu • Department Website: isu.edu/csd
Director Phone: (208) 282-4403 • Director Email: hudock@isu.edu • Website: www.northwestfluency.org

HISTORY OF SPEECH, LANGUAGE, VOICE, HEARING, COGNITION, and AFFECTIVE

Do you have a history of speech, language, hearing, or cognitive difficulties from birth to present? ☐Yes ☐No
Comments:_____
_____

EDUCATIONAL HISTORY:

Schools you have attended – Please check all that apply:

☐Elementary School ☐Junior High ☐ High School ☐Vocational Program
☐2-year College ☐4-year College ☐Graduate School ☐Doctoral Program
☐Other:_____

Past or Current School/University:_____ Highest grade competed:_____
Major:_____ Degree(s):_____
Are/were you on an individualized education plan (IEP)? Please provide a copy if you have one.
_____

VOCATIONAL HISTORY

Briefly list your employment/work setting, staring with the most recent:

Job Title	Years Worked

Are you currently working? ☐ Yes ☐ No
If "no," please explain:_____ _____
If you have stopped working, do you plan to return to work? ☐Yes ☐No
Are you receiving assistance with vocational planning through an agency such as the Department of Vocational Rehabilitation? ☐ Yes ☐ No

CURRENT SERVICES:

Do you currently receive any mental health services? ☐Yes ☐No If yes, where "please list all"
_____
Primary Therapist: _____
Would you like us to contact them prior to you attending the clinic?
☐ Yes ☐ No (if yes, Phone:_____)
**If you would like us to communicate with them after the clinic please indicate that on the mutual exchange of information for during the clinic.*
Would you be willing to seek counseling services in the future? ? ☐Yes ☐Maybe ☐No

Do you currently receive Speech Therapy Services? ☐Yes ☐No If yes, where "please list all"
_____
Primary Speech Language Pathologist: _____
Would you like us to contact them prior to you attending the clinic?
☐ Yes ☐ No (if yes, Phone:_____)
**If you would like us to communicate with them after the clinic please indicate that on the mutual exchange of information for during the clinic.*

Please list any previous speech-language evaluations and therapy (e.g., school, clinic, hospital, home health) and/or counseling/mental health evaluations and therapy.

Services	When	Where	What was not helpful	What was helpful

**If you have access to them, please send copies with this application of any reports of evaluations and/or treatment that you have received.*

COMMUNICATION

Current Activities and Interests - Please check the appropriate box(s)

☐ Socializing	☐ Church	☐ Sports	☐ Watching T.V.	☐ Reading
☐ Senior Center	☐ Exercising	☐ Music	☐ Gardening	☐ Shopping
☐ Woodworking	☐ Crafts	☐ Being Outdoors	☐ Painting/Art	☐ Book Club
☐ Photography	☐ Pets	☐ Computers	☐ Travel	☐ Cooking
☐ Board Games	☐ Casinos	☐ Other:_____		

What speaking situations are easier for you?

_____

_____

What speaking situations are harder for you?

_____

_____

LIFE IMPACT

On a scale of 1-10, with 1 being "not at all" and 10 being "devastating," please rate how your communication disorder impacts your daily life:

Not At All 1 2 3 4 5 6 7 8 9 10 *Devastating*

How would you rate the severity of your stuttering?

Very Mild Mild-Moderate Moderate Moderate-Severe Severe

PRIOR KNOWLEDGE

What strategies do you use when communicating?

_____

_____

What currently helps you in difficult speaking situations?

_____

_____

GOALS AND EXPECTATIONS

Please list any goals and expectations for the IISC. What would you like to learn?

_____
_____
_____
_____

PAYMENT INFORMATION

- The cost of the clinic is $1,000, which *covers lodging, most meals ($150 ISU food card that can be used at the cafeteria), participation in the ropes course, t-shirt, and clinic-related materials and expenses over the two weeks.*
    - Some scholarships are available (please visit www.northwestfluency.org or e-mail Dan Hudock hudock@isu.edu)
- A $200 deposit for lodging is required for clients to reserve their space (as we have limited availability).
- The remaining balance will be due by the end of the first Tuesday of the clinic.
- Please contact the ISU Speech-Language and Hearing Clinic (Beca Sidell (208) 282-3495 or slpaudio@isu.edu for information about E-Payments through our online system).
- Please fax registration to the ISU Speech-Language and Hearing Clinic (208) 282-4571, or mail / drop it off
    - Pocatello Clinic – ISU Speech and Hearing Clinic Pocatello, 650 Memorial Dr. building 68, Pocatello, ID 83201