

## Client Intake Form

Please complete this form and send it to [elizabeth@clearspeech.ca](mailto:elizabeth@clearspeech.ca) prior to your first session

Contact Information	Date
Legal Name (Please include the name you generally go by if this is different):	
Mailing address including postal code:	
Date of Birth (date, month, year):	
Cell:	
Work phone (optional):	
Email:	

What are you interested in working on? (You may check more than one area)

- Speech - Includes for example: articulation, lisps, how well your speech is understood by others
- Accent - Your perception that your accent reduces either intelligibility in day to day speech and or reduces your effectiveness as a communicator overall
- Voice - Includes for example: vocal fatigue, discomfort, and ability to be heard, changes or deficiencies in voice quality
- Professional Communication - Includes for example presentation skills, inability to convey thoughts clearly in stressful situations, reduced confidence in communication
- Other (please specify)

To provide more information please complete the section (or sections) below that best applies to you.

Speech, voice, accent, presentation and language all overlap each other, so you may find yourself wanting to answer several areas. Try to pick the most important. We will review the form together when we meet, so it is not necessary to provide extensive detail.

### Speech

1. When did you become aware of a speech problem or difference?
2. How would you describe this difference?
  - I have problems with specific words (please provide examples)
  - I have problems with specific sounds (please provide examples)
  - I am told I mumble and that I am hard to understand
  - I speak too fast
  - Other (please specify)
  - I am not sure
3. Have you sought help with this problem in the past? If yes please provide further information
  - No
  - Yes

### ACCENT

1. Birth language (or dialect)
2. Do you speak another language besides your birth language and English?
3. When did you *first learn* to speak English?
  - At home as a child
  - At school

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When you came to Canada

4. When did you come to Canada?
5. How long have you been speaking English everyday (if this is different from above)?
6. What *sounds* do you think you say differently from a native Canadian speaker of English?
7. How much of barrier do you think your accent is to successful communication? (Pick 1 only)
  - Significant: people frequently ask me to repeat myself and it affects my confidence
  - Somewhat: people rarely ask me to repeat myself, but I am quite aware that my speech is different from others
  - Not much: People always understand me, but I am aware of my accent and wish to improve it

## Voice

1. When did you become aware of a voice problem or difference?
2. How would you describe this difference?
  - I dislike my voice quality
  - My voice is too soft (low volume)I currently experience vocal
  - Fatigue (please provide further details)
  - Pain (please provide further details)I have experienced a change in my voice
  - Change in vocal quality
  - Change in vocal range (ability to produce higher or lower pitch or volume)Other (please specify)

*NOTE: significant changes in vocal quality and effort may be associated with a medical issue. Please consult your Family Doctor*

## Professional Communication

Is confidence or nervousness when you speak in public a significant factor?

- Yes
- No

Optional Comment

Is your area of interest mainly actual presentation/public speaking or does it also include less formal communication e.g. at meetings?

- Yes
- No

Optional Comment

Personal health information is not shared with 3<sup>rd</sup> parties without your written permission in accordance PHIPA (Personal Health Information Protection Act, 2004)

Recordings of your voice (without video or any personal identifying information) may be valuable to students learning about Speech-Language Pathology and other health related areas. If you consent to allowing educational use of portions of your voice recordings to be used for teaching purposes, please check the box below. Declining consent will not affect your treatment in any way.

I consent to the use of portions of my voice recordings (with all identifying information removed) to be used for educational purposes.

Please provide at least 48 hours' notice when cancelling or changing appointments. You may be charged for an appointment cancelled with less notice. Missed appointments are not generally covered by insurance. Please check the box to indicate you have read and agree to this policy

Please initial to indicate you have read and agree with this policy