



LOUDER, CLEARER: A PARKINSON'S VOICE TRAINING PROGRAM

LOCATION: London Chatham

PARTICIPANT INFORMATION

Participant: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Emergency contact: _____

Relationship: _____ Phone: _____

Email: _____

ELIGIBILITY CRITERIA

In order for the group to be most clinically effective, the client must be meet the following criteria:

- Diagnosis of Parkinson's disease.
- Difficulty in speaking loudly and clearly.
- Live in Southwestern Ontario.
- Able/willing to participate in communication for 1 hour and an interest in strategies/tools taught.
- Demonstrate appropriate behaviour to cooperate in a social group setting.
- Personal care needs are met either independently by participant or provided by their caregiver.
- Able to operate the device and the virtual platform functions either independently or with assistance nearby. *(for virtual programs)*

Level of interest in the Louder, Clearer: A Parkinson's Group Voice Training Program outnumbers the spaces available. Program spaces are paid for by Parkinson Society Southwestern Ontario. To continue to be able to offer this program free-of-charge, and to be fair and considerate to those who truly need this help but are on the waitlist, please ONLY register if you plan to participate in all 8 sessions of the program.

Informed Consent for Speech-Language Pathology group training/educational program

I, _____, hereby provide my consent for participation in the "Louder, Clearer" Parkinson group-based voice program. I understand this is a broad **educational program** facilitated by a registered Speech-Language Pathologist SLP to train/teach participants about communication/voice/speech strategies that are generally helpful for many individuals with a diagnosis of Parkinson disease.

I understand this program does not include an individualized screening, assessment, or treatment plan related to my diagnosis/medical condition/voice difficulties (typically offered as part of a formal SLP intervention service). I may contact the SLP to inquire further about this.

The SLP will verbally review benefits, risks and alternatives of this training/educational program. I understand it is my responsibility prior to and throughout this program to fully disclose any relevant medical information as it pertains to my health status that could hinder/be affected by my participation.

By signing this consent form, I indicate that I have read and understood the information, and that I agree to participate in this program. I am aware that I can withdraw my consent at any time.

Participant

Signature

Date

Substitute Decision Maker

Signature

Date

Please fax completed forms to: 1-519-652-9267 or email: info@parkinsonsociety.ca. The forms will be collected by Parkinson Society Southwestern Ontario and shared with the SLP facilitating the group.

Please contact Parkinson Society Southwestern Ontario with any questions regarding programs at 1-888-851-7376 or info@parkinsonsociety.ca. Questions relating to speech language therapy should be directed to SLP facilitating group.