Personal Information

First Name *

Last Name *

Address *

Apt/Suite

City *

Province *

Postal Code *

Country *

Phone Number *

Cell Phone

Personal Email Address *

How should we stay in contact with you?

- [ ] Email
- [ ] Telephone

Self Referral Form

Thank you for reaching out to the Epilepsy Association of Calgary. Filling in this form is the first step in accessing programs and services from the Epilepsy Association of Calgary and helps our counsellor/ educators provide the right information.

Preferred Name

Date of Birth *

Preferred Pronouns *

-

Location *

-

Can We Add You To Our Newsletter *

-

How Did You Find Us

-

Epilepsy

How Are You Impacted By Epilepsy *

-

If Other, Please Explain

If You Are Diagnosed With Epilepsy, Are You Living With Other Conditions (Check All That Apply)

- [ ] Anxiety
- [ ] ADHD
- [ ] Depression
- [ ] Developmental Delay
- [ ] Genetic Condition
- [ ] Learning Challenges
- [ ]

- [ ] Respiratory
- [ ] Other (Please explain)

If Other Condition Please Explain

Services

Which Services Would You Like More Information About (Check All That Apply)

- [ ] PACES
- [ ] UPLIFT
- [ ] Short Term Counselling
- [ ] HOBSCOTCH
- [ ] Webinars
- [ ] Support Groups
- [ ] Camp Fireworks
- [ ] Peer 2 Peer Program
- [ ] Volunteering
- [ ] Other

If Other, Please List

- [ ] Thank you! One of our counsellor/educators will be in touch with you shortly!