

McMan's FASD Caregiver Stream seeks to support caregivers who are caring for individuals who are diagnosed or suspected of having FASD.

Please complete form in full, leaving no empty spaces, so that we know how best to serve you.

Email completed form to lindsey.richardson@mcmansouth.ca or fax to 403-328-2645

Contact Lindsey Richardson with any questions 403-328-2488

Date:			
REFERRAL INFORMATION			
Referral Source:			
Contact Name:			
	Phone		Fax: <input type="text"/>
	Email Address:		
CONSENT			
Caregiver Aware of the Referral:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current level of need	HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>
Would you like to be present for initial appointment? (If participant provides consent)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NO PREFERENCE <input type="checkbox"/>
COMMENTS:			
CAREGIVER			
Gender and preferred Pronouns:		Age:	DOB:
Name:			
CHILDREN			
Gender and preferred Pronouns:		Age:	DOB:
Name:			
Gender and preferred Pronouns:		Age:	DOB:
Name:			
Gender and preferred Pronouns:		Age:	DOB:
Name:			
Address:			
Phone #:		Cell #:	
Email Address:			
DOES LOVED ONE OR CAREGIVER HAVE A FASD DIAGNOSIS:			
YES- CAREGIVER	YES-LOVED ONE	NO- SUSPECTED FASD ONLY	UNKNOWN
Who diagnosed:			

Where:		When:	
Attach copy of these assessments?			
Other Assessments and/or Tests:			
What other community resources/supports is client involved with family/individual:			
Emergency Contact:			
	Phone:		Cell:
OTHERS IN THE HOME?			
Name:		Age:	
Name:		Age:	
Anyone staying temporarily?			
Are there Animals in the house? If yes what kind?			
In home risks to be aware of:			
EXPECTATIONS			
What are the concerns?			
What is the caregiver hoping will happen as a result our involvement...what level of involvement do you/ they expect is needed?			
ADDITIONAL INFORMATION			