Lethbridge Family Services
Since 1910
DaCapo Disability Services

# Fetal Alcohol Spectrum Disorder (FASD)
# Assessment & Diagnostic Services

**Client:** ________________________ **Date:** ________________________

| **A. REFERRAL INFORMATION** | | |
|---|---|---|
| 1. Referral Agency: | | |
| 2. Contact Name: | Phone:<br>Email: | Fax #: |

| **B. CONSENT** | | |
|---|---|---|
| 1. Individual Aware of Referral: ❑ YES ❑ NO | | |
| | | |
| **Targeted Individual:** | | |
| Surname: | Given: | Middle: |
| Preferred: | Age: | DOB: |
| Phone:<br>Email: | Address: | |
| Is there an FASD diagnosis? ❑ YES ❑ NO | Who made the diagnosis? | |
| When? | Where? | |
| Is there a copy of the assessment report and if so, where can it be located? | | |
| Does the client attend school/ involved with community resources? List school/resources: | | |

| **C. CAREGIVER INFORMATION** | | |
|---|---|---|
| Caregiver still involved? ❑ YES ❑ NO | ***If No, skip to Birth Mother/Father Information*** | |
| Name: | Relationship to individual: | |
| Address: | Phone:<br>Cell: | Work:<br>Email: |
| Name of legal guardian: | Phone:<br>Cell: | Work:<br>Email: |
| Birth Mother's Name:<br>Current Address: | DOB: | Phone: |
| Birth Father's Name:<br>Current Address: | DOB: | Phone: |
| Family Support/Advocate: | | Phone: |

Family Aboriginal Status:
Non-aboriginal Aboriginal Status Non-status Métis Other

## D. EXPECTATIONS

1. Explain the reason you are requesting an assessment.
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2. Have you talked about this referral with the legal guardian (if applicable)?
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3. Why is it suspected the client may have FASD (e.g., behaviours or learning challenges)?
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4. What previous assessments have been done? For example: Ages & Stages Questionnaire, school, mental health, judicial, psychological, speech & language, etc.

| **Type of Assessment** | **Name of Assessor** | **Date of Assessment** | **Copies of Report YES NO** |
|---|---|---|---|
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5. Is there documented confirmation of prenatal alcohol exposure? From what source?
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6. Please provide the name of the hospital and the location where the client was born.
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7. Is there a caregiver/advocate that can attend with the client at the time of assessment? Please provide their name.
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