



Fetal Alcohol Spectrum Disorder (FASD) – Referral Form

PATIENT INFORMATION:			
Date of Referral:			
Name:			
Home Address:			
Gender:		Date of Birth:	____ / ____ / ____ DD MM YYYY
Health Card #:		SH# (if available):	
Home Phone #:		Cell Phone #:	
Parent/Guardian:		Telephone #:	
Child In-Care Worker (if applicable):		Child In-Care Worker Contact Phone #:	
Current School:		Child lives in:	<input type="radio"/> Family Home <input type="radio"/> Care of CAS <input type="radio"/> Other: _____
Birth Hospital:			Hospital Location (City/Town):
Is the patient First Nations?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify:	<input type="radio"/> Indian Status <input type="radio"/> Non-Status <input type="radio"/> Metis <input type="radio"/> Lives on Reserve <input type="radio"/> Lives Off Reserve
Does the patient practice traditional healing?	<input type="radio"/> Yes <input type="radio"/> No	Preferred Language:	<input type="radio"/> English <input type="radio"/> French
REFEREE INFORMATION:			
Name of referring Health Care Provider:			
Or <input type="radio"/> Self Refer			
Telephone #:		Email:	
Brief Medical History:			
Is there confirmation of prenatal alcohol exposure? <input type="radio"/> Yes <input type="radio"/> No If no, please describe any steps taken to confirm exposure:			
Applicable Information Attached:			
<input type="radio"/> Academic Records <input type="radio"/> Occupational Therapy Assessment	<input type="radio"/> Adoption Records <input type="radio"/> Psychiatric Assessment <input type="radio"/> Psychological Assessment	<input type="radio"/> Birth Records <input type="radio"/> Psychoeducational Assessment <input type="radio"/> Speech Assessment	

Please note: All required information regarding the FASD Clinic can be accessed at www.hsnsudbury.ca/NEOKids .
 The patient will be contacted by the FASD Social Worker to have their intake appointment booked. Fax form and all appropriate reports to: **(705) 523-7288** or email form and attachments to neokidsacu@hsnsudbury.ca.