



405 E. Fireweed Lane, Suite 205  
Anchorage, AK 99503  
907/865-3279 FASD Team Coordinator 907/865-7979 Fax

*Anchorage FASD Diagnostic Team Referral Form*

Date: \_\_\_\_\_ Person completing referral: \_\_\_\_\_

How did you hear about Anchorage FASD Diagnostic Team? \_\_\_\_\_

*Is alcohol use during this pregnancy confirmed?* \_\_\_\_\_ Yes

*If unconfirmed, please contact our office to discuss referral*

**Client Information**

Client Name: \_\_\_\_\_  
Last First Middle initial

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Client Address: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
City AK Zip

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: *(of caregiver)* \_\_\_\_\_

**Caretaker Information**

Name of primary caretaker(s): \_\_\_\_\_

Relationship to Client (*circle*) Birth Parent Adoptive Parent Foster Parent Grandparent  
Other relative Legal guardian other (*specify*) \_\_\_\_\_

Caretaker(s) Mailing Address: \_\_\_\_\_

City AK Zip  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Is this individual currently receiving services (*Counseling, speech/occupations/physical therapy, vision therapy, special education services*)?

1 \_\_\_\_\_

3 \_\_\_\_\_

2 \_\_\_\_\_

4 \_\_\_\_\_

Who will accompany client to the evaluation process? \_\_\_\_\_

Does this individual receive their well child visits/primary healthcare at ANMC/South Central Foundation? Yes No Unknown

**History of prenatal alcohol use by birth mother**

During which trimester(s) did the mother drink? (Circle all that apply)

1<sup>st</sup> (1-12 wks)

2<sup>nd</sup> (13-28 wks)

3<sup>rd</sup> (28wks to delivery)

Unknown

Did the mother ever receive treatment for alcoholism? Yes No Unknown

Please describe the mother's alcohol use during this pregnancy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasons for referral/concerns:**

What are the client behaviors that prompt this referral?

Known Alcohol Exposure	Hyperactive	Vision Impairment	
Problems learning	Immature	Hearing Impairment	
Poor social skills	Lack of age appropriate self-help skills	Poor Memory	
Behavior Problems	Coordination/Motor skills	Sleep Problems	
Discipline Problems	Impulsive	Underweight	
Poor attention	Appetite/Feeding Problems	Short Stature	
Disorganized	Poor Physical Health	Speech/Language Problems	