



Assets, Inc.

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*Anchorage FASD Diagnostic Team Referral Form*

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

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

**Client Information**

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

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

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

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

Email address: (if applicable) \_\_\_\_\_

**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: \_\_\_\_\_

Agencies providing services to client:

1 \_\_\_\_\_

4 \_\_\_\_\_

2 \_\_\_\_\_

5 \_\_\_\_\_

3 \_\_\_\_\_

6 \_\_\_\_\_

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

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

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Did the mother drink alcohol during her pregnancy?      Yes    No    Unknown  
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

Was the mother ever reported to have a problem of alcohol?    Yes    No    Unknown  
Did the mother ever receive treatment for alcoholism?      Yes    No    Unknown

If the history of prenatal alcohol use by the birth mother is not documented, please describe the mother's level of alcohol use before and during pregnancy to the best of your ability.

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

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**Reasons for referral/concerns:**

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What are the client behaviors that prompt this referral? (*circle all that apply*)

Hyperactive	Poor Memory	Impulsive	Sleep Problems
Poor attention	Problems learning	Immature	Not organized
Other _____			

**Areas of Concern** (*circle all that apply*)

Physical Health	Coordination/Motor skills
Hearing	Development of self-help skills
Vision	Speech/Language
Growth ___underweight or ___overweight	Behavior
Height ___short or ___tall	Discipline
Diet or feeding	Emotional Adjustment
Sleeping	Poor social skills