



Fetal Alcohol Spectrum Treatment, Resources and Community Supports Intake Form

Age: 3 – 12 years old

CASA’s Fetal Alcohol Spectrum Treatment, Resources, and Community Supports program (FASTRACS) provides FASD education to parents and caregivers of children with a diagnosis or suspected diagnosis of Fetal Alcohol Spectrum Disorder (FASD), as well as co-occurring mental health concerns. It is a short term resource that focuses on FASD parenting skills training, FASD education, caregiver peer support, and information on community resources. We do not provide diagnoses of FASD.

Child’s Full Legal Name <i>(Last name, first name, middle name)</i>		Alberta Health Care Number (Required)	
Prenatal Alcohol Exposure: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed			
Date of Birth (Day-Month-Year)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Indigenous Status <input type="checkbox"/> First Nations <input type="checkbox"/> Other <input type="checkbox"/> Metis <input type="checkbox"/> N/A <input type="checkbox"/> Inuit

Do you have any other children with confirmed or diagnosed FASD?
(Please list below)

Child’s Full Legal Name <i>(Last name, first name, middle name)</i>	Date of Birth (Day-Month-Year)	Age	Gender	Prenatal Alcohol Exposure	Indigenous Status
Sibling 1			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other <input type="checkbox"/> N/A
Sibling 2			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other <input type="checkbox"/> N/A
Sibling 3			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other <input type="checkbox"/> N/A



CASA
 Child, Adolescent and Family
 Mental Health

Name (Last, First)
Birthdate (yyyy-mm-dd)
File No.

Parent/Caregiver Information

Full Name _____

Full Name _____

Please circle appropriate descriptors:

Please circle appropriate descriptors:

Biological Adoptive Step Foster Grandparent
 Other _____

Biological Adoptive Step Foster Grandparent
 Other _____

Family Status (circle below):

Family Status (circle below):

Married Common-law Divorced Separated Single

Married Common-law Divorced Separated Single

Address: _____

Address: _____

City: _____

City: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Alternate Phone: _____

Alternate Phone: _____

List everyone living in the home with the child:

Currently what is your greatest concern?

Please add any other information regarding your child's behavior that you feel would be important for us to know.

Signature of the person completing this form

Date

Relationship to this child

Intake facilitated by CASA staff by phone

Collecting this information from parents/caregivers before booking an appointment at CASA allows us to more accurately determine whether CASA services are appropriate for this child and also helps our assessment process work more efficiently. Providing this information is voluntary and it will be held in confidence, stored securely until the child is 18 years of age and accessed only by CASA staff and physicians. The information collected on this intake form is used to access the services of CASA Child, Adolescent and Family Mental Health and is collected pursuant to section 11(1) of the Personal Information Protection Act (PIPA) in accordance with sections 13 (1)(a) and (b) PIPA. If you have any questions about the collection of this information, please contact the Privacy Officer at 780-400-4563.