

Hamilton FASD Resource Team Case Conference Referral Form

I have consent of the parent/guardian/youth/adult (mandatory when individual is over age 16) **to make this referral.**

Please fill out **ALL SECTIONS** of this referral form and include information about confirmation or suspicion of FASD diagnosis by
Fax: 905-522-5998 or Email: info@fasdhamilton.ca

Referral source

Name: _____

Agency: _____

Contact Number: _____

E-mail: _____

Relationship to individual: _____

Identifying Information

Name of individual: _____

Date of Birth: _____ Age: _____

Contact Number: _____

Address: _____

If the individual is an adult, are they in a parenting role? Yes No

If the individual is a child, who are they residing with:

- Birth family Extended Family Adoptive family
 Foster Care Community Placement/OPR Other

Caregiver Information

First and Last Name: _____

Contact Number: _____

Number of children in the home? _____

Do any of children have or is suspected to have FASD? No Yes

If yes, how many? _____

Doctor Information

Family doctor: _____ Contact Number: _____

Pediatrician: _____ Contact Number: _____

Psychiatrist: _____ Contact Number: _____

Diagnoses and Assessments

FASD is: Suspected Diagnosed

If diagnosed, by whom: _____ Date: _____

Current Diagnoses:

Assessments (mental health, educational, or social functioning)

Date	Type	Assessor's Name	Assessor's Agency

Assessments Pending:

School Information (if applicable)

Name of School: _____

IPRC Designation? No Yes

If yes, what designation? _____

Is there an IEP? No Yes ***If yes, please attach.***

Is there additional support at school? No Yes

Is the individual connected with FASD supports at school? No Yes

Issues or concerns from the school? (Please list below)

Case Conference Request

Why was this Case Conference Requested?

What are the main questions the requester wants answered through this case conference?

Invitees (Please ensure correct spelling of names and consent from the individual or legal guardian has been obtained.)

Name	Relationship or Role	Agency/Organization	Contact Info

Once the Case Conference is confirmed, the Hamilton FASD Collaborative sends a Notice of Case Conference form to the location of the meeting. The following information is provided:

- Who the case conference is in regards to,
- The vision of the Hamilton FASD Collaborative,
- The purpose of the case conference,
- Who the case conference was requested by,
- The date, time, and location of the meeting, and
- Who is invited to the meeting as a professional courtesy.

Please indicate whom you would like this Confirmation letter sent to:

Name: _____

E-mail: _____

Fax: _____

Please note: FASD Case Conferences are often used for teaching purposes; therefore, interns or Hamilton FASD Leadership and Collaborative Team Members may be present.

Information received will be housed at Contact Hamilton