



Sarnia-Lambton Fetal Alcohol Spectrum Disorder Resource Hub Request for Service

Pathways Health Centre for Children
1240 Murphy Rd. Sarnia ON N7S 2Y6
Tel: (519) 542-3471
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Children and Youth under the age of 18 (or 21 if still in school) who have diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD) and its effects which may include physical, mental, behavioural and learning difficulties and who would benefit from additional FASD specific support, consultation, education, community capacity building, training and resources.

Date of Request: _____
Contact Name: _____

Service/Agency Name: _____
Contact Information: _____

**If the referral is not from parent/legal guardian, it is the expectation that the parent/custodial caregiver is in support of this referral.
This referral has been discussed with the family: YES NO**

CLIENT IDENTIFICATION:

Client's Full Name:		Date of Birth: (dd/mm/yyyy)	Gender:
Address:		Telephone #:	
Diagnosis of FASD: <input type="checkbox"/> YES <input type="checkbox"/> NO	By Whom:		Date of Diagnosis:
Prenatal Alcohol Exposure: <input type="checkbox"/> No information <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Denied (if denied, ineligible for service)			

SCHOOL

School Name & Board <input type="radio"/> LKDSB <input type="radio"/> Providence <input type="radio"/> SCCDSB <input type="radio"/> Viamonde	Grade:	Main Contact Name:	Contact Information:
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PARENT/LEGAL GUARDIAN

Name:		Relationship to client:	
Address:		Contact Number:	
Email Address:	<input type="checkbox"/> Consent for Encrypted Email	Alternate Number:	
Best Day/Time to Contact:	Preferred Method of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text		
Child or Youth lives with: <input type="checkbox"/> Both Parents OR: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Language spoken in the home:		Preferred Language:	
Does the child/youth identify as First Nation, Metis, or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: <input type="checkbox"/> Self-identify <input type="checkbox"/> Indian Status Card			

OTHER SERVICES INVOLVED

Name	Service/Agency Name	Contact Information

REQUEST FOR SERVICE

- Resources, Educational Workshops, or training sessions for caregivers and service providers
- Case conferences with school and service providers to adopt a FASD informed approach
- Caregiver coaching and consultation to support understanding of FASD and helpful approaches and strategies

CONSENT

I have consent from the legal guardian to submit this form: YES NO

Additional Comments/Supporting Information:
