



FASD Case Conference Intake Form

Form Completed By

Name: _____ Agency: _____ Date: _____

Consultation Booked

Date: _____ Time: _____ Location: _____

Consultation Requested By:	
First and Last Name:	Relationship to FASD Client:
Agency or Organization (if applicable):	Contact phone number:

FASD Client Information		
First and Last Name:	Date of Birth:	Age:
Address of Primary Residence:		
If the client is an adult, are they in a parenting role? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the client is a child, what is their current placement?		
<input type="checkbox"/> Birth Family	<input type="checkbox"/> Adoptive Home	
<input type="checkbox"/> Foster Care	<input type="checkbox"/> OPR	
<input type="checkbox"/> Extended Family	<input type="checkbox"/> Other:	

Caregiver Information	
First and Last Name:	Contact phone number:
Number of other children in home?	
Do any of them have or is suspected to have an FASD? <input type="checkbox"/> Yes No If yes, how many?	

Diagnoses and Assessments			
FASD is: <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed If diagnosed, Date: By Whom:			
Current Diagnoses:			
Recent Assessments (mental health, educational, or social functioning)			
Date	Type	Assessor's name	Assessor's Agency
Assessments Pending			
Family Doctor and Contact Information:			

School Information (if applicable)

Name of School:

IPRC Designation Yes No

If yes, what is designation?

Is there an IEP? Yes No (If yes, please attach)

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

Consultation Goals

Why Was This Consultation Requested?

What Are The Main Questions The Requester Wants Answered Through This Consultation?

Invitees			
People Who Should Be Invited (e.g., child care providers, educators, medical providers) (Please ensure correct spelling of names)			
Name of Invitee	Role or Relationship	Organization	Contact Info
<p>Once the case conference is confirmed, the Hamilton FASD Community Initiative sends a Notice of Case Conference form to the host-site (i.e. school) providing information regarding: who the case conference is in regards to, the vision of the Hamilton FASD Community Initiative, the purpose of a case conference, who the case conference was requested by, the date/time/location of the meeting, and who is invited to the meeting as a professional courtesy.</p> <p>Please indicate who you would like this letter sent to:</p> <p>Name: _____.</p> <p>Address: _____.</p> <p>Fax Number: _____.</p>			

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

Please forward this completed intake form and any attachments pertaining to confirmation or suspicion of FASD diagnosis by fax or email to the intake coordinator:

Viola Galamini
 Hamilton FASD Community Initiative Intake
 c/o Rygiel Supports for Community Living
 220 Cranbrook Drive
 Hamilton, ON L9C 5V7
 905-525-4747 ext. 223 • Fax: 905-525-5933 • Email: vgalamini@rygiel.ca