



INQUIRY FORM

Date of inquiry (D/M/Y): _____

Name & relation of person inquiring: _____

Birth date of client being referred (D/M/Y): _____

Location of client* Eastern Central Western Labrador

(*Client must reside in the province of Newfoundland and Labrador)

.....
File ID Number (Internal Use Only): _____
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1. Is the client (18+) or all parents/guardians aware of inquiry? No Yes

2. Are there any custody agreements in place? No Yes

3. Is there knowledge or confirmation of Prenatal Alcohol Exposure (PAE)?

No

Yes (specify source): _____

Prenatal Alcohol Exposure= When a baby is exposed to alcohol while developing in utero

Knowledge/Evidence/Confirmation of Exposure = Medical documentation (ex. live birth record);
birth parent acknowledgement; credible source (parent, family member, etc.)

4. Is the client currently on a waitlist for an FASD assessment elsewhere?

No

Yes (specify clinic): _____

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Next Steps

1. If there is no medical documentation or credible evidence of PAE, we encourage you to obtain evidence and/or access alternate community and provincial resources.

2. If evidence of PAE is known or confirmed, we will follow up to gather more information to determine how to best proceed.

Other Important Notes:

Signature of Person Inquiring: _____