



**Children's Treatment Centre**  
 Quinte Health  
 Belleville General Hospital  
 265 Dundas Street East  
 Belleville, ON K8N 5A9

Telephone: **(613) 969-7400 x2247**  
 Fax: **(613) 968-9154**  
[www.quintectc.com](http://www.quintectc.com)

## Fetal Alcohol Spectrum Disorder (FASD) Referral Form

CONFIDENTIAL

Fax to 613-961-2529

Questions? Call 613-969-7400 x2630

CHILD/YOUTH INFORMATION			
Last Name:		First Name:	
Date of Birth: <i>(dd / mmm / yyyy)</i>		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Address:		City:	Postal Code:
School/Childcare:			
Grade:		Individualized Education Plan (IEP): <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY/PARENT/GUARDIAN INFORMATION			
Language(s) spoken at home:		Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the family identify as Indigenous, First Nations, Inuit or Metis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is a member of the family part of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PRIMARY CONTACT</b>			
Last Name:		First Name:	
Relationship to Child:		<i>(if other or Agency, please specify)</i>	
<i>(check all that apply)</i> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Lives with Child			
Home Phone:		Mobile:	Email:
<input type="checkbox"/> Address is same as the child's <input type="checkbox"/> Address is other than child's <i>(if Other, provide address below)</i>			
Address:		City:	Postal Code:
<b>SECOND CONTACT</b>			
Last Name:		First Name:	
Relationship to Child:		<i>(if other or Agency, please specify)</i>	
<i>(check all that apply)</i> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Lives with Child			
Home Phone:		Mobile:	Email:
<input type="checkbox"/> Address is same as the child's <input type="checkbox"/> Address is other than child's <i>(if Other, provide address below)</i>			
Address:		City:	Postal Code:

DECISION-MAKING RESPONSIBILITY			
Decision-Making Responsibility: <input type="checkbox"/> No formal agreement <input type="checkbox"/> Formal agreement in place <input type="checkbox"/> Parents live together with child			
If formal agreement in place, please describe (eg. sole, joint, etc.):			
If parents are not together, all legal guardians are aware of and have consented to this referral: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(if No, referral CANNOT be processed)</i>			

SUPPORTING INFORMATION			
Is Fetal Alcohol Spectrum Disorder (FASD) <input type="checkbox"/> Diagnosed <input type="checkbox"/> Suspected			
Do you have copies of the following assessments / reports?			
<input type="checkbox"/> Occupational Therapy Assessment		<input type="checkbox"/> Genetics Assessment	
<input type="checkbox"/> Speech and Language Assessment		<input type="checkbox"/> Medical Assessment / Report	
<input type="checkbox"/> IPRC Committee Documents		<input type="checkbox"/> Other <i>(specify)</i>	
<input type="checkbox"/> School IEP, Behaviour Plan, Safety Plan		<input type="checkbox"/> Other <i>(specify)</i>	
<input type="checkbox"/> Psycho-educational assessments			
Are there co-occurring diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			



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**TEAM MEMBER INFORMATION**

List below any agency/organization or individual that is also working with the child/youth (e.g. doctor, school, child care):

Agency / Organization Name	Contact Name / Role	Phone Number

**REASON FOR REFERRAL**

In your own words, describe what you are hoping for from this service:

Is there anything else you want us to know?

**REFERRAL SOURCE INFORMATION**

Name of Referring Individual:

Contact Phone Number:

Alternate Phone Number:

Are you a Service Provider?  Yes  No

If yes, Agency/Organization and Role:

*Please note: referrals received from sources other than physicians require the parents/legal guardian's signature of consent to make this referral.*

Signature of parent/guardian

Name of parent/guardian

Date