Lakeland Centre for FASD
P.O. Box 479
4823 50th Street
Cold Lake, AB

New Client Information Form – Adult

Date:

Legal Name: ____

Date of Birth: ___________________________________ Health care #: ______________________________

Gender: ______ Ethnicity: ______________________ Treaty #: ____________________________________

Home Address: ____

Mailing Address: ____

Phone #: __________________ Cell #: ___________________ Email: ________________________________

Who is requesting this assessment? ____

Birth Parents Information:

Birth Mother: ____

Date of Birth: _________________________

Birth Father: ____

Date of Birth: _________________________

Employment History:

Employer/Company	Title	Start date	End date

Education:

Schools / post-secondary attended:

Name of School	Grades/program(s) attended	Location

Assessments:

Have you been assessed by?

	Location(s) and/or name of clinician(s)	Date(s) of assessment(s)	Report(s) attached	Currently involved
FASD Clinic				
Psychology				
Psychiatry/Mental Health				
Other				

Developmental and/or Behavioral Concerns:

Have you had difficulty with any of the following?	As a child	Currently
Gross motor skills (use of large muscles like running, walking, climbing)		
Fine motor skills (use of hands and feet)		
Language skills		
Self control skills (impulse control, hyperactivity, attention span)		
Self concept (your opinion about your appearance or abilities)		
Bed wetting or soiling		
Social skills		
Growth		
Feeding (drinking, chewing or swallowing food)		
Reactions to noise, lights, touch, or movement		
Sleeping (Settling for sleep or sleeping through the night)		
Alcohol and drug use		
Running away		
Self harm		
Breaking the law		

Please describe your current or past developmental or behavioral concerns:

Describe your current strengths and interests:

Medical History:

Hospital born at: ____

Location: ____________________

Hospital(s) treated at	Location

Do you have any history of the following? If so, please specify.

___ Chronic illness Explain: ____

___ Hearing concerns Explain: ____

___ Vision concerns Explain: ____

___ History of seizures Explain: ____

___ Any other medical conditions or diagnosis?

Please list and explain:

Are you currently being followed/treated for the above conditions? Yes ____ No _____

Please list any medications you are currently taking:

Has anyone in your family ever had any of the following?

_____ Autism _____ Cerebral Palsy _____ FASD _____ Learning disability _____ Developmental delay

_____ ADHD _____ Speech & language delays _____ Birth defects

_____ Specific genetic syndrome *(Down syndrome, dwarfism, cystic fibrosis, sickle cell disease, hemophilia, etc.)*

Additional information (optional):

Birth Mother's Prenatal History:

Was alcohol used in the pregnancy? ______________

First Trimester (1 to 3 months) ______ Yes ______No ______ Suspected ______Unknown______

Second Trimester (4 to 6 months) ______ Yes ______No ______ Suspected ______Unknown______

Third Trimester (7 to 9 months) ______ Yes ______No ______ Suspected ______Unknown______

Average # of drinks per occasion: ____________ Maximum # of drinks per occasion: ____________

# of drinking occasions per week: _______ Source of confirmation: ________________________________

Other exposures during this pregnancy:

_____ Marijuana _____ Cocaine_____ Solvents_____ Prescription drugs_____ Other, *specify*________________

Comments:

Birth Mothers Pregnancies: *Please include miscarriages and still born births.*

Year	Length of pregnancy	Born live?	First name	Normally Developed?	Not Normally Developed? Explain.

Social History: *if applicable*

Please list placements from birth:

Type of placement *(Foster, adoptive, group home, etc.)*	Length of placement	Age when placement started

Current living situation:

Total number of adults currently residing in home: ___________

Total number of children currently residing in home: ___________

Number of biological siblings currently residing in home: ___________

Have you experienced or witnessed any of the following?

___ Physical abuse	___ Sexual Abuse	___ Emotional abuse
___ Emotional neglect	___ Abandonment	___ Family violence
___ Multiple caregivers	___ Sexualized behaviors	___ Physical neglect
___ High conflict custody situation	___ Significant losses	___ Other potentially traumatic events

Any previous or current justice issues?