Alberta Health Services

Confirmation Letter of Prenatal Alcohol Exposure - Third Party

Cumulative Risk Diagnostic Clinic (CRDC)

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)		

The following information is needed to make a Fetal Alcohol Spectrum Disorder (FASD) diagnosis.

This information must be reported by the birth mother or by someone who **WITNESSED** the birth mother consuming alcohol during her pregnancy. If this information is recorded in other documents *(eg. extended family report, child welfare report, medical records, adoption files, letter from birth mother, etc.)* please attach a copy of these documents to this letter.

Name of birth mother	
Name of child the mother was pregnant with	
How far along in the pregnancy was the birth mother when she found out she was pregnant?	
Typical use of alcohol by the birth mother in the year PRIOR to this pregnancy:	
Average number of days per week she drank alcohol	Average number of drinks she had each day
Would she drink to the point of intoxication/until she felt the effects of alcohol? ☐ Yes ☐ No ☐ Don't Know	
How many drinks did it take for her to feel the effects of alcohol?	
How often did she have 4 or more drinks of alcohol at a time? ☐ Never ☐ Twice ☐ More than twice	
What type of alcohol would she usually drink? *(Check all that apply)* ☐ Wine ☐ Beer ☐ Coolers ☐ Hard Liquor ☐ Unknown ☐ Other *(specify)*: _____	

Prior to knowing she was pregnant, do you think she drank in this same pattern? ☐ Yes ☐ No ☐ Maybe	
Typical use of alcohol AFTER she found out that she was pregnant with this child:	
Average number of days per week she drank alcohol	Average number of drinks she had each day
Would she drink to the point of intoxication/until she felt the effects of alcohol? ☐ Yes ☐ No ☐ Don't Know	
How many drinks did it take for her to feel the effects of alcohol?	
How often did she have 4 or more drinks of alcohol at a time? ☐ Never ☐ Twice ☐ More than twice	

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Typical use of alcohol AFTER she found out that she was pregnant with this child *(continued):*

What type of alcohol would she usually drink? *(Check all that apply)*

☐ Wine ☐ Beer ☐ Coolers ☐ Hard Liquor ☐ Unknown ☐ Other *(specify)*: _____

Any unusual patterns of drinking during this time *(for example on a holiday or attending a special occasion)* where she may have drank outside of her normal drinking pattern? ☐ Yes ☐ No

If yes, how much and how often did she drink during this time period? _____

During this pregnancy, in which timeframe(s) did she drink alcohol? *(Check all that apply)*

☐ 0-3 months ☐ 3-6 months ☐ 6-9 months

☐ Up until she found out she was pregnant

Are you an eyewitness to the birth mother's alcohol consumption during pregnancy?

☐ Yes ☐ No

If no, who is the eyewitness who provided you with this information?

Is there anything else that you would like to say or add to this information? Your input is valued and an important part of helping this child:

I believe that the facts stated in this document are true.

Name of person completing this form

Date *(dd-Mon-yyyy)*	Signature

Role/Relationship to Birth Mother