Cumulative Risk Diagnostic Clinic

Confirmation Letter of Prenatal Alcohol Exposure

As part of intake process we are requesting the following information as we are not able to make a Fetal Alcohol Spectrum Disorder (FASD) diagnosis without confirmation of prenatal alcohol consumption. This information must be reported by the birth mother or by someone who witnessed the birth mother consume alcohol during her pregnancy. If report is gathered via other sources please attach documentation i.e. extended family report, child welfare report, medical records, adoption files etc.

How far along in the pregnancy was the birth mother when she found out she was pregnant? _____

Alcohol use by the birth mother

- **Before pregnancy**: **Average** number of drinks per drinking occasion: _____
  Maximum number of drinks per occasion: _____
  Average number of drinking days per week: _____

Average Drink Size:	*1 glass of wine = 5oz*	*1 can or bottle of regular 5% beer = 12oz*	*1 glass of malt liquor (beer 7% or higher) = 8 oz (1/2 pint glass)*	*1shot of spirits = 1.5 oz of hard liquor*

Type(s) of alcohol:

☐ Wine	☐ Beer	☐ Malt Liquor	☐ Hard Liquor	☐ Unknown	☐ Other(specify):

- **During pregnancy:** **Average** number of drinks per drinking occasion: _____
  Maximum number of drinks per occasion: _____
  Average number of drinking days per week: _____

Type(s) of alcohol:

☐ Wine	☐ Beer	☐Malt Liquor	☐Hard Liquor	☐Unknown	☐ Other(specify):

When did the birth mother drink alcohol during the pregnancy? Please check all that apply

☐ 1-3 months	☐ 4-6 months	☐ 7-9 months	☐ Unknown
☐ Prior to finding out about pregnancy			☐ Unknown

Alcohol Related Concerns	**YES**	**NO**	**UNKNOWN**
Was the birth mother ever reported to have a problem with alcohol?	☐	☐	☐
Was the birth mother ever diagnosed with alcoholism?	☐	☐	☐
Did the birth mother ever receive treatment for alcohol addiction?	☐	☐	☐
Did the birth mother ever have any relationship difficulties as a result of alcohol use (spouse/partner, parents, siblings, children)?	☐	☐	☐
Did the birth mother ever have involvement with the justice system as a result of alcohol use?	☐	☐	☐
Did the birth mother ever have work related issues as a result of alcohol use?	☐	☐	☐
Did the birth mother ever have any medical or health issues as a result of alcohol use such as seizures, withdrawal, pancreatitis? If yes, please describe_____ _____	☐	☐	☐

Source of this information on alcohol use? Reporter is the birth mother Yes☐ No ☐
Reporter is an eye witness to birthmother's alcohol consumption during pregnancy Yes☐ No☐

I _____ (**name of reporter**) believe that the facts stated in this document are true.

Date: _____ **Signature: _____**

Cumulative Risk Diagnostic Clinic
c/o, 2888 Shaganappi Trail NW, Calgary, AB T3B 6A8
Phone: 403-955-5900 Fax: 403-955-5990