



Willow Winds
SUPPORT NETWORK

NWC Alberta FASD SVC NTKW SCTY

Site 1, Comp 8, RR001 | Canwood, SK | S0J 0K0
780-305-8757 or 780-974-7112
jennp@wwsn.ca

Assessment & Diagnostic Services Authorization to Obtain Information

I, _____, date of birth _____
FULL LEGAL NAME OF ADULT CLIENT MM / DD / YYYY

hereby authorize the Northwest Central Alberta Fetal Alcohol Spectrum Disorder Network to obtain the following information verbally or in writing.

Please **INITIAL** and place an **(*)** beside the information to be obtained.

- ☐ Birth records and any other medical records in the file.
(Including newborn discharge summaries, nursing notes and immunization records)
- ☐ Psychological, mental health, speech, language and any other assessments and reports
- ☐ Past and current educational records
- ☐ Justice or Correctional Services Information, reports and history
- ☐ Children's Services Records
- ☐ Other: _____

This information will be used to assist the Northwest Central Alberta FASD Network Diagnostic team to determine a diagnosis, develop continuum of care recommendations and to make appropriate referrals.

This consent form is to be effective for the duration of the client's involvement with the assessment, diagnostic and intervention services and may be withdrawn by the client/legal guardian at any time during this process.

SIGNATURE OF CLIENT

DATE (MM / DD / YYYY)

SIGNATURE OF WITNESS

DATE (MM / DD / YYYY)

PRINT NAME OF WITNESS