Alberta Health Services

Confirmation Letter of Prenatal Alcohol Exposure - Birth Mother

Cumulative Risk Diagnostic Clinic (CRDC)

st 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)		

Children are seen in this clinic because they are having difficulties with their learning and development.

To help us understand whether these difficulties are related to Fetal Alcohol Spectrum Disorder (FASD), we need to ask you about alcohol use before and during pregnancy. We realize there might be several reasons why a woman might drink alcohol when pregnant, for example:

- Not knowing she is pregnant
- Not being aware or informed of the possible effects that alcohol could have on the fetus
- Difficult life situations and drinking alcohol to cope
- Having an addiction to alcohol or difficulties controlling drinking before and during pregnancy
- Not asking for help or asking questions for fear of being judged

We know these questions might be difficult to answer. However, by providing this information you are helping your child receive the best care and support possible.

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

How far along were you in this pregnancy when you found out that you were pregnant?	
Prior to knowing you were pregnant, do you think you drank in this same pattern? ☐ Yes ☐ No ☐ Maybe	

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

Alberta Health Services

Confirmation Letter of Prenatal Alcohol Exposure - Birth Mother

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)		

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

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

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

Any unusal patterns of drinking during this time for example on a holiday or attending a special occasion where you may have drank outside of your normal drinking pattern? ☐ Yes ☐ No

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

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

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

☐ Up until I found out I was pregnant

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 your child:

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

Birth Mother Name	Date *(dd-Mon-yyyy)*	Signature