

First Bridges Program
Pilot Project 2000
FAS DPN Clinic Contact Form

Date of Clinic Visit _____

Interviewing Psychologist _____

_____ A.M. case _____ P.M. case

Name of Birth Mother _____

Name of Child _____

4-Digit Dx of Child _____

Age of Child _____

Please complete questions 1 and 2 before entering Phase 3.

If any answer is no, then you do not need to complete the remainder of the form, but it should still be faxed.

1. Is the birth mom between the ages of 18-44 ? _____yes _____no

Age of birth mom _____

2. Does the birth mom live in King, Snohomish, or Pierce County? _____yes _____no
(if yes, circle which one)

If birth mom is in the clinic please obtain the following information. If birth mother is not there, please obtain the name and phone number of the person who has the legal custody of the child and access to birth mom.

Name of Person _____

_____ Birth Mom _____ Case Worker _____ Other (specify relationship to child _____)

Phone number _____

Good time to call _____

Complete this information if you can.

Is the birth mom still fertile? _____yes _____no

Is the birth mom still actively using alcohol? _____yes _____no If not, has she used in the past 2 years? _____yes _____no

Does the birth mom still have contact with the child? _____yes _____no