



FAS Pre-Appointment Checklist

Dear Parent or Guardian:

We would be pleased to see your child in the Fetal Alcohol Spectrum Disorders Clinic. Enclosed with this letter is the documentation (A through F) that needs to be received before adding your child to our waitlist:

<i>Please check the following boxes indicating supporting documents provided to our clinic to schedule an appointment.</i>		For Office use Only <i>Scheduling Criteria met</i>
A. Confirmed Prenatal Alcohol Exposure (2 of the following required)		
<input type="checkbox"/>	Birth records / neonatal discharge summary with prenatal history	
<input type="checkbox"/>	Foster care records indicating maternal alcohol use in pregnancy	
<input type="checkbox"/>	Adoption records indicating maternal alcohol use in pregnancy	
<input type="checkbox"/>	Documentation of maternal alcohol abuse (e.g. DUI; documentation of substance abuse treatment)	
B. Growth (2 of the following required)		
<input type="checkbox"/>	Birth records / neonatal discharge summary with birth weight and length	
<input type="checkbox"/>	Growth chart since infancy with height and weight documented	
C. Structural Brain Abnormalities (1 of the following required)		
<input type="checkbox"/>	Growth chart since infancy with head circumference documented	
<input type="checkbox"/>	Report of MRI Brain documenting structural abnormalities	
D. Cognitive or Neurobehavioral Deficits (1 or more of the following required)		
<input type="checkbox"/>	Copy of most recent MET Evaluation and IEP (within last 2 years)	
<input type="checkbox"/>	Copy of most recent neuropsychological evaluation (within last 2 years)	
<input type="checkbox"/>	Copy of most recent psychiatric evaluation (within last 2 years)	
E. FASD Clinic Intake Form		
<input type="checkbox"/>	FASD Intake form completed	
F. Signed Release of Information		

Please return this checklist with completed packets by mail to our administration office:

FASD Clinic
1500 East Medical Center Drive,
D2204 MPB – Box 5718
Ann Arbor, MI 48109

As soon as we have received the completed paperwork, we will add your child to our waitlist for an evaluation. Please understand that we are a small sub-specialty clinic and **our wait time for an appointment is approximately 9 months**. To assure an evaluation is scheduled in a timely manner, we request that all paperwork be returned to our office within 30 days. If you do not hear from us within 2 weeks of returning the paperwork, please contact our office to ensure we received everything. **Patients with incomplete packets will not be scheduled**. Please feel free to contact us if you have any questions. You can reach us by phone at 734-232-1530 or by email at fas-clinic@med.umich.edu. Please understand that we are a small clinic and we are not in the office every day.

Sincerely, University of Michigan FASD Diagnostic Clinic