

# FASD Australian Registry (FASDAR) Opt-In Form for *Treating Paediatrician or Health Professional*

A copy of this form is also available online on the FASDAR website ([www.fasdregistry.org.au](http://www.fasdregistry.org.au))

I \_\_\_\_\_ certify that I have explained the  
(Insert Paediatrician or Health Professional Name)  
FASDAR and its purpose to the parent/carer of the child with FASD.

- I have given the FASDAR Information Pack, including the Participant Information Sheet and Consent Forms to the parent/carer.
- The parent/carer has provided verbal consent for me to pass this completed form to FASDAR management.
- The parent/carer has agreed for the de-identified health data routinely collected by the APSU to be included in the FASDAR.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## CHILD WITH FASD REGISTRATION DETAILS

First name .....

Family name .....

Date of birth (dd/mm/yyyy) .....

## PARENT/CARER DETAILS

First name .....

Family name .....

Address .....

Postcode .....

Contact number .....

Email .....

**Please send this completed form to**

Fetal Alcohol Spectrum Disorder Australian Registry  
c/o The Australian Paediatric Surveillance Unit (APSU)

Locked Bag 4001, WESTMEAD NSW 2145

**OR email to** [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au)

**OR fax to the APSU on 02 9845 3082**

**OR call the APSU on 02 9845 3005**