

CONFIDENTIAL CASE REPORT

South Dakota Department of Health - Office of Health Data
600 East Capital Avenue
Pierre, South Dakota 57501-2536
Phone: 605-773-3361
Fax: 605-773-5683

ID # _____
(For State Use Only)

Use this form to report
Suspected Cases of FAS

Person filling out form: _____ Initials: _____
Phone Number: (____) _____ - _____ Date Reported to You: ____/____/____

Attending/Referring Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Case Information:
Last name: _____ First: _____
Address: _____ City: _____
State: _____ Zip: _____ SS#: ____ - ____ - _____ Date of Birth ____/____/____
What is the Case's race? Mark one or more races to indicate what this person considers himself/herself to be
<input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Asia/Pacific Islander
<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Some Other Race -print race _____

Who The Case is Being Referred To:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____