

BIRTH PARENT MEDICAL INFORMATION

The purpose of this form is to gather your health history, genetic history, and social background information to share with the adoptive parents. It is important the adoptive family provide this information to the child's physician. It will become a part of the child's medical and family history. This form, in its entirety, will be given to the adoptive parent(s).

The following information is true and complete to the best of my knowledge and belief.

Birth parent name: _____

Signature: _____ Date: _____

YES or NO (circle one) I agree to release my full name on this form to the adoptive family. If NO is circled then the birth parent's name shall be redacted on this form.

MOTHER'S PHYSICAL CHARACTERISTICS:

Eyes: _____ Hair: _____ Complexion: _____ Height: _____

Weight: _____ Body build: _____ Race: _____

Nationality/Descent: _____ Blood type: _____ Rh factor: _____

Eye glasses or contact lenses? Yes No (circle one)

Right Left handed (circle one)

Age: _____ Date of birth: _____ Religion: _____

Please list your highest education level, occupation, hobbies, interests, and talents:

Existence of any disabilities? Yes No (circle one)

If yes, explain: _____

If you have other children, list them below. Include any children previously placed for adoption.

Describe your relationship with the birth father: _____

FATHER'S PHYSICAL CHARACTERISTICS:

Eyes: _____ Hair: _____ Complexion: _____ Height: _____

Weight: _____ Body build: _____ Race: _____

Nationality/Descent: _____ Blood type: _____ Rh factor: _____

Eye glasses or contact lenses? Yes No (circle one)

Right Left handed (circle one)

Age: _____ Date of birth: _____ Religion: _____

Please list your highest education level, occupation, hobbies, interests, and talents:

Existence of any disabilities? Yes No (circle one)

If yes, explain: _____

If you have other children, list them below. Include any children previously placed for adoption.

PREGNANCY HISTORY INVOLVING THIS CHILD

Month prenatal care began during this pregnancy: _____

Complications during pregnancy: Yes _____ No _____ If yes, explain: _____

MEDICATION AND OTHER SUBSTANCES USED DURING PREGNANCY OR YEAR PRIOR TO PREGNANCY

	YES	NO	FREQUENCY/ AMOUNT DURING PREGNANCY	FREQUENCY/ AMOUNT PRIOR TO PREGNANCY
Alcohol	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Barbiturates	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Heroin	_____	_____	_____	_____

	YES	NO	FREQUENCY/ AMOUNT DURING PREGNANCY	FREQUENCY/ AMOUNT PRIOR TO PREGNANCY
LSD	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Caffeine (Coffee, tea, etc)	_____	_____	_____	_____
Prescription drugs	_____	_____	_____	_____
Nonprescription drugs	_____	_____	_____	_____
Other	_____	_____	_____	_____