



Family, Social and Medical History of Child to be Adopted

Case Name: _____

I. BIRTH MOTHER

Name:					
Race/Nationality:			Reason for Placing Child:		
Color of Hair:	Height of Mother:	Weight of Mother:	Complexion:	Build:	
Type of Features:	Color of Eyes:	Was Pregnancy Normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	Was Delivery Normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Any Medication or Drugs Taken during Pregnancy? (If "Yes", explain or list drugs.) <input type="checkbox"/> Yes <input type="checkbox"/> No				Alcohol Consumption During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Talents/Special Interests:					

A. FAMILY HISTORY (MATERNAL)

	Date of Birth	Religion	Education	Occupation	Living or Deceased	If Deceased, List Cause

B. PHYSICAL CONDITION

(Check if applicable. If applicable, attach additional sheet to explain.)

	Heart Disease	Cancer	Diabetes	Hypertension	Orthopedic	Vision	Hearing	Allergic Reactions	Asthma	Anemia, Sickle Cell, Hemophilia	Muscular Dystrophy	Multiple Sclerosis	Cystic Fibrosis	Other:	Mental/Emotional Problems	Mental Retardation
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II. BIRTH FATHER

Name:					
Race/Nationality:					
Color of Hair:	Height of Father:	Weight of Father:	Complexion:	Build:	
Type of Features:	Color of Eyes:	Any Medication or Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If "Yes", explain or list drugs.)		
Talents/Special Interests:					

A. FAMILY HISTORY (PATERNAL)

	Date of Birth	Religion	Education	Occupation	Living or Deceased	If Deceased, List Cause

B. PHYSICAL CONDITION

(Check if applicable. If applicable, attach additional sheet to explain.)

	Heart Disease	Cancer	Diabetes	Hypertension	Orthopedic	Vision	Hearing	Allergic Reactions	Asthma	Anemia, Sickle Cell, Hemophilia	Muscular Dystrophy	Multiple Sclerosis	Cystic Fibrosis	Other:	Mental/Emotional Problems	Mental Retardation
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III. OTHER CHILDREN OF BIRTH PARENT(S)

Child Name	Age and Sex	Relationship (full or half sibling)	Full Term or Premature	Age Began To Talk	Age Began To Walk

Distribution of Copies: Original - Court

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