Family, Social and Medical History of Child to be Adopted

Case Name:

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? ☐ Yes ☐ No Comments?	Was Delivery Normal? ☐ Yes ☐ No Comments?	

Any Medication or Drugs Taken during Pregnancy? ☐ Yes ☐ No (If "Yes", explain or list drugs.)

Alcohol Consumption During Pregnancy? ☐ Yes ☐ No ☐ Unknown

Talents/Special Interests:

I. FAMILY HISTORY (MATERNAL)

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

II. 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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Comment [AB1]: Pre-fills with Case Name from the Forms window

Comment [AB2]: This section Pre-fills form the Case Management window Relationship tab's for the Birth Mother

Comment [AB3]: Pre-fill with Name of the Mother from Person management Basic Tab

Comment [AB4]: Pre-fills with Race of the ...

Comment [AB5]: Repeating table for the ...

Comment [AB6]: User Entered

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Comment [AB14]: User Entered

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Comment [AB38]: User Entered

Family, Social and Medical History of Child to be Adopted

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III. OTHER CHILDREN OF BIRTH MOTHER

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

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? ☐ Yes ☐ No	(If "Yes", explain or list drugs.)	
Talents/Special Interests:				

I. FAMILY HISTORY (PATERNAL)

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

Comment [AB39]: User Entered
Comment [AB40]: User Entered
Comment [AB41]: User Entered
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Comment [AB53]: User Entered Table that ...
Comment [AB54]: User Entered
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Comment [AB80]: User Entered
Comment [AB81]: User Entered
Comment [AB82]: User Entered

Family, Social and Medical History of Child to be Adopted

II. 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 FATHER

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

Copy - Case Record

Copy - Adoptive Parents

Comment [AB83]: User Entered
Comment [AB84]: User Entered
Comment [AB85]: User Entered
Comment [AB86]: User Entered
Comment [AB87]: User Entered
Comment [AB88]: User Entered Table stores t Birth Father, Child's Grandmother, Child's Grandfather, and Mother's Sibling Physical Conditions
Comment [AB89]: User Entered
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Comment [AB91]: User Entered
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Comment [AB110]: User Entered
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