FAMILY HEALTH, BACKGROUND AND DEVELOPMENTAL INFORMATION

This form contains sensitive and confidential information regarding the child and his family and is protected by the "Health Insurance Portability and Accountability Act." **Neither the form nor its contents may be shared with any person not actively involved in the care and/or treatment of the child.**

Child's Birth Name:	Date Form Completed:

MOTHER'S INFORMATION

Mother's Age at time of adoption:	Marital Status:	If married is marriage to birth parent?

Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion

Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation
Eye Color	Hair (color/texture)	Complexion
Height	Weight	Body Type

DESCRIBE MOTHER'S PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

MOTHER'S REACTION TO PREGNANCY and reasons for making adoption plan:

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

CHILDHOOD DISEASES OF BIRTH MOTHER:

- ☐ Asthma
- ☐ Chicken Pox
- ☐ Cleft Lip/Cleft Palate
- ☐ Cystic Fibrosis
- ☐ Diphtheria
- ☐ German Measles
- ☐ Hydrocephalus
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Whooping Cough
- ☐ Down Syndrome
- ☐ Speech Problems
- ☐ Spina Bifida
- ☐ Other (please specify) _____

BIRTH MOTHER HEALTH HISTORY:

- ☐ AIDS (HIV)
- ☐ Allergy (type) _____
- ☐ Anemia
- ☐ Asthma
- ☐ Cerebral Palsy
- ☐ Chromosome Abnormality
- ☐ Deafness of Hearing Problems
- ☐ Diabetes
- ☐ Eczema, Psoriasis or other Skin conditions
- ☐ Epilepsy
- ☐ Glasses/contacts or eye problems
- ☐ Hodgkin's Disease
- ☐ Huntington's Disease
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Tuberculosis
- ☐ Glandular Disturbance
- ☐ Venereal Disease (type) _____
- ☐ Blindness, glaucoma, cataracts
- ☐ Multiple Sclerosis
- ☐ Kidney Disease
- ☐ Heart Attack/Disease
- ☐ Alcoholism
- ☐ Seizure Disorder
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tumors
- ☐ Mental Illness
  - ☐ Manic Depression/Bi-Polar Disorder
  - ☐ Schizophrenia
  - ☐ Post Partum Depression
  - ☐ Depression
  - ☐ Anxiety
  - ☐ Other: _____
- ☐ Blood Defects (e.g., Sickle Cell, RH and other Blood types, etc.)
- ☐ Cancer - Type of Cancer: _____
- ☐ Arthritis - Type of Arthritis: _____

☐ Neurological (e.g., Huntington's Chorea, Multiple Sclerosis, Amyotrophic Sclerosis, etc.)

☐ Drug usage (prescription and non-prescription)

☐ Alcohol	☐ Anti-Nausea Medication	☐ Vitamins
☐ Tobacco	☐ Anti-Anxiety Medication	☐ Barbiturates
☐ Antibiotics	☐ Sleeping Aids	☐ Cocaine
☐ Antihistamines	☐ Pain Medication	☐ Crack
☐ Steroids	☐ Prescribed Psychotropic	☐ Methamphetamine
☐ Diet Aids	☐ Tranquilizers	☐ Heroin
☐ Heart/Blood Pressure	☐ Vitamins	☐ LSD
☐ Hormones	☐ Tranquilizers	☐ Marijuana
☐ Anti-Convulsants	☐ Amphetamines	

☐ Chemotherapy or other Cancer Medication

☐ Other: _____

_____

_____

_____

General Health:

_____

_____

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_____

_____

_____

_____

BIRTH MOTHER'S PRENATAL CARE	**YES**	**NO**	**COMMENTS**
Did you have prenatal care during this pregnancy?	☐	☐	
Have you been in an accident during this pregnancy?	☐	☐	
Any complications during pregnancy?	☐	☐	
Food cravings during pregnancy?	☐	☐	
Was there any sexual or physical abuse during this pregnancy?	☐	☐	
Was there any drug use during this pregnancy?	☐	☐	
Did you smoke during this pregnancy?	☐	☐	
Did you have any sexually transmitted diseases or infections (STD/STI) during this pregnancy?	☐	☐	
BIRTH MOTHER'S MEDICAL AND PREGNANCY HISTORY	**YES**	**NO**	**COMMENTS**
How old were you when you had your first menstrual period?	☐	☐	
History of cramps?	☐	☐	
Have you ever had any major surgeries?	☐	☐	
Is this your first pregnancy?	☐	☐	

What ocurred with previous pregnancies? (Indicate numbers of each)		
	Live Birth (vaginal):	
	Live Birth (c-section):	
	Stillbirth:	
	Abortion:	
	Miscarriage	

Did you experience complications with your other pregnancy?	Explain:
Did you have complications with your previous labors/deliveries?	Explain:

BIOLOGICAL MATERNAL GRANDPARENT INFORMATION

Maternal Grandmother:

Grandmother's Age at time of adoption:	Marital Status:	Deceased? ☐ Yes ☐ No Age of Death: Cause:	
Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion
Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation	
Eye Color	Hair (color/texture)	Complexion	
Height	Weight	Body Type	

DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

GRANDMOTHER'S REACTION TO PREGNANCY

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

Maternal Grandfather:

Grandfather's Age at time of adoption:	Marital Status:	Deceased? ☐ Yes ☐ No Age of Death: Cause:	
Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion
Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation	
Eye Color	Hair (color/texture)	Complexion	
Height	Weight	Body Type	

DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

GRANDFATHER'S REACTION TO PREGNANCY

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

BIOLOGICAL MOTHER'S SIBLING INFORMATION:

Physical Description	Sibling 1			Sibling 2			Sibling 3			Sibling 4		
	Height		Weight	Height		Weight	Height		Weight	Height		Weight
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Gender												
Age at time of adoption												
Full Sibling												
Half-Sibling												
If Half-Sibling which parent in common												
Nationality												
Religion												

Medical History				

INFORMATION FOR BIOLOGICAL MATERNAL SIBLING OF CHILD BEING PLACED FOR ADOPTION:

	Sibling 1			**Sibling 2**			**Sibling 3**			**Sibling 4**		
Physical Description	Height		Weight	Height		Weight	Height		Weight	Height		Weight
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Gender												
Age at time of adoption												
Full Sibling												
Half-Sibling												
If Half-Sibling which parent in common												
Nationality												
Religion												
Medical History												

FATHER'S INFORMATION

Father's Age at time of adoption:	Marital Status:	If married is marriage to birth parent?

Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion

Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation
Eye Color	Hair (color/texture)	Complexion
Height	Weight	Body Type

DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

FATHER'S REACTION TO PREGNANCY and reasons for making adoption plan:

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

CHILDHOOD DISEASES OF BIRTH FATHER:

- ☐ Asthma
- ☐ Chicken Pox
- ☐ Diphtheria
- ☐ German Measles
- ☐ Other (please specify) _____
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Whooping Cough
- ☐ German Measles

BIRTH FATHER HEALTH HISTORY:

- ☐ AIDS (HIV)
- ☐ Allergy (type)
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Tuberculosis
- ☐ Venereal Disease (type)
- ☐ Glandular Disturbance
- ☐ Blindness
- ☐ Deafness
- ☐ Mental Deficiency
- ☐ Mental Illness
- ☐ Heart Trouble
- ☐ Alcoholism
- ☐ Congenital Defects
- ☐ Blood Defects (e.g., Sickle Cell, RH and other Blood types, etc.)
- ☐ Cancer - Type of Cancer: _____
- ☐ Arthritis - Type of Arthritis:
- ☐ Neurological (e.g., Huntington's Chorea, Multiple Sclerosis, Amyotrophic Sclerosis, etc.)

☐ <u>Drug usage (prescription and non-prescription)</u>

- ☐ Alcohol
- ☐ Tobacco
- ☐ Antibiotics
- ☐ Antihistamines
- ☐ Steroids
- ☐ Diet Aids
- ☐ Heart/Blood Pressure
- ☐ Medicine
- ☐ Hormones
- ☐ Anti-Convulsants
- ☐ Anti-Nausea Medication
- ☐ Anti-Anxiety Medication
- ☐ Sleeping Aids
- ☐ Pain Medication
- ☐ Prescribed Medication
- ☐ Psychotropic
- ☐ Barbiturates
- ☐ Tranquilizers
- ☐ Vitamins
- ☐ Amphetamines
- ☐ Cocaine
- ☐ Crack
- ☐ Methamphetamine
- ☐ Heroin
- ☐ LSD
- ☐ Marijuana
- ☐ Chemotherapy or other cancer treatment
- ☐ Other: _____
- ☐ Neurological (e.g., Huntington's Chorea, Multiple Sclerosis, Amyotrophic Sclerosis, etc.)

General Health:

BIOLOGICAL PATERNAL GRANDPARENT INFORMATION

Paternal Grandmother:

Grandmother's Age at time of adoption:	Marital Status:	Deceased? ☐ Yes ☐ No Age of Death: Cause:	
Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion
Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation	
Eye Color	Hair (color/texture)	Complexion	
Height	Weight	Body Type	

DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

PATERNAL GRANDMOTHER'S REACTION TO PREGNANCY

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

PATERNAL GRANDFATHER:

Grandfather's Age at time of adoption:	Marital Status:	Deceased? ☐ Yes ☐ No Age of Death: Cause:	
Race	Hispanic ☐ Yes ☐ No	Nationality Descent	Religion
Native American Heritage ☐ Yes ☐ No	Specify Tribe	Occupation	
Eye Color	Hair (color/texture)	Complexion	
Height	Weight	Body Type	

DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:

EDUCATION (including years attended and degrees obtained):

DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)

GRANDFATHER'S REACTION TO PREGNANCY

ANY COMPLICATING FACTORS (Health, heredity, legal…etc.)

BIOLOGICAL SIBLING INFORMATION

	Sibling 1			Sibling 2			Sibling 3			Sibling 4		
Physical Description	Height		Weight	Height		Weight	Height		Weight	Height		Weight
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Gender												
Age at time of adoption												
Full Sibling												
Half-Sibling												
If Half-Sibling which parent in common												
Nationality												
Religion												
Medical History												

INFORMATION FOR BIOLOGICAL PATERNAL SIBLING OF CHILD BEING PLACED FOR ADOPTION:

	Sibling 1			Sibling 2			Sibling 3			Sibling 4		
Physical Description	Height		Weight	Height		Weight	Height		Weight	Height		Weight
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Gender												
Age at time of adoption												
Full Sibling												
Half-Sibling												
If Half-Sibling which parent in common												
Nationality												
Religion												
Medical History												