## 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 Nationality Descent Religion Yes □No Native American Heritage Specify Tribe Occupation ☐ Yes ☐ No 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)

MOTH	IER'S REACTION TO PREGNANC	Y and	reasons for making adoption plan:		
ANY C	COMPLICATING FACTORS (Healt	h, here	edity, legaletc.)		
-					
-					
-					
CHILE	HOOD DISEASES OF BIRTH MC	THEF	k:		
	Asthma		German Measles		Whooping Cough
	Chicken Pox		Hydrocephalus		Down Syndrome
	Cleft Lip/Cleft Palate		Rheumatic Fever		Speech Problems
	Cystic Fibrosis		Scarlet Fever		Spina Bifida
	Diphtheria				
Ш	Other (please specify)				
DIDT	H MOTHER HEALTH HIST	<b>NDV</b>			
	AIDS (HIV)	JK 1 . □	Glasses/contacts or eye problems	7	Plindness daucoma estaracte
	Allergy (type)	Ш	Glasses/contacts of eye problems	_	Blindness, glaucoma, cataracts  Multiple Sclerosis
	Anemia			_ 	Kidney Disease
	Asthma			_ 	Heart Attack/Disease
	Cerebral Palsy			_	Alcoholism
	Chromosome Abnormality		_	_	Seizure Disorder
	Deafness of Hearing Problems		_		Stroke
	Diabetes		Glandular Disturbance		Thyroid Disease
	Eczema, Psoriasis or other Skin	condit	ons		Tumors
	Epilepsy		Venereal Disease (type)		
	Mental Illness				
	☐ Manic Depression/Bi-Pol	ar Dis			
	Schizophrenia		Anxiety		
	Post Partum Depression		Other:		
	Blood Defects (e.g., Sickle Cell, I	RH an	d other Blood types, etc.)		
	Cancer - Type of Cancer:				
	Arthritis - Type of Arthritis:				

	Neurological (e.g., Huntington's Oprug usage (prescription and nor Alcohol Tobacco Antibiotics Antihistamines Steroids Diet Aids Heart/Blood Pressure Hormones Anti-Convulsants Chemotherapy or other Cancer Mother:	n-prescription) Anti-Nausea Medic Anti-Anxiety Medic Sleeping Aids Pain Medication Prescribed Psycho Tranquilizers Vitamins Tranquilizers Amphetamines	cation cation otropic	ophic S	Sclerosis, etc	Vitamins Barbiturates Cocaine Crack Methamphetamine Heroin LSD Marijuana
Genera	al Health:					
			T		T	
	MOTHER'S PRENATAL CARE		YES	NO	COMMEN	TS
	u have prenatal care during this pr					
	ou been in an accident during this	pregnancy?				
	mplications during pregnancy?					
	ravings during pregnancy? ere any sexual or physical abuse	during this pregnancy?				
	ere any drug use during this pregi					
	u smoke during this pregnancy?	ianoj.				
Did you	u have any sexually transmitted di GTI) during this pregnancy?	seases or infections				
BIRTH	MOTHER'S MEDICAL AND PRE	GNANCY HISTORY	YES	NO	COMMEN	TS
How ol	d were you when you had your fire	st menstrual period?				
History	of cramps?					
Have y	ou ever had any major surgeries?					
	your first pregnancy?			Ш		
	curred with previous pregnancies	? (Indicate numbers of		Birth (va	<u> </u>	
each)				,	section):	
			Stillbir			
			Aborti			
			Misca	rriage		

BIOLOGICAL MATERNAL GRANDPARENT INFORMATION  Maternal Grandmother:  Grandmother's Age at time of adoption:	Did you experience complications with you	ır other pregnancy?	Explain:			
Maternal Grandmother:  Grandmother's Age at time of adoption:	Did you have complications with your prev	ious labors/deliveries?	Explain:			
Grandmother's Age at time of adoption:	BIOLOGICAL MATERNAL	. GRANDPAR	ENT INFO	RMAT	ION	
Race Hispanic No Nationality Descent Religion  Native American Heritage Specify Tribe Occupation  Eye Color Hair (color/texture) Complexion  Height Weight Body Type  DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:						
Native American Heritage   Yes	•		Cause:		□No	-
Tyes No Eye Color Hair (color/texture) Complexion  Height Weight Body Type  DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:	□ Y	es 🗌 No	Nationality De	escent	T _	_
Height Weight Body Type  DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:	Yes No					
DESCRIBE PERSONALITY, TALENTS, HOBBIES AND INTERESTS:	Eye Color	Hair (color/texture)			Complex	ion
	Height	Weight			Body Typ	pe
DIAGNOSED LEARNING DISABILITIES: (If yes, please describe)						
DINCHOOLD LLYWAND DIONELLY LOS. (II you, ploade accombo)		(ii yee, please accorde				

GRANDMOTHER'S REACTION TO PRI	EGNANCY			
ANY COMPLICATING FACTORS (Healt	th, heredity, legaletc.)	)		
Maternal Grandfather:				
Grandfather's Age at time of adoption:	Marital Status:	Deceased? Yes	□No	Age of Death:
Race His	spanic	Cause: Nationality Descent		Religion
Native American Heritage	Yes No Specify Tribe	Transmanty Boosens	Occupation	
☐ Yes ☐ No		<b>\</b>		
Eye Color	Hair (color/texture	·)	Complexion	
Height	Weight		Body Typ	e 
DESCRIBE PERSONALITY, TALENTS,	HOBBIES AND INTER	ESTS:		
EDUCATION ( including years attended	and degrees obtained):			

DIAGNOSED	LEARNIN	NG DI	SAB	ILITIES: (If	yes, plea	se des	scribe	e)							
GRANDFATH	ER'S RE	ACTIO	T NC	O PREGN	ANCY										
ANY COMPLI	CATING	FACT	· OPS	C/Health h	peredity le	aal .	etc )								
ANT COM E	OATINO	1 701	Orto	(Health, 1	icrounty, ic	.gai	cic.)								
BIOLOGIC	AL MO	THE	R'S	SIBLING	INFOR	MAT	ION	l:							
			ing 1			Sibli				Sibling			Siblii		
Physical Description	Heigh			Weight	Heigh			Weight	Heigh		Weight	Heigh			Neight
	Eyes	Ha	air	Skin	Eyes	H	air	Skin	Eyes	Hair	Skin	Eyes	Ha	iir	Skin
Gender															
Age at time of adoption															
Full Sibling															
Half-Sibling															
If Half- Sibling which parent in common															
Nationality															
Religion															

	,											
Madiaal												
Medical History												
-												
INFORMAT	ION FO	OR BIO	LOGICAL	. MATER	NAL S	SIBLING C	F CHILD	BEING	PLACE	D FOR A	DOPTIO	ON:
		Sibling	g 1		Sibling	2		Sibling 3	3		Sibling 4	ļ
Physical	Heigh	ht	Weight	Heigh	t	Weight	Heigh	t	Weight	Height		Weight
Description	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												
				1								
				1			1			1		

<b>FATHER'S INFORM</b>	ATION					
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	<u>  163</u>	Specify Tribe	-	Occupation	on .	
Eye Color		Hair (color/texture)		Complexi	on	
Height		Weight		Body Typ	e	
DESCRIBE PERSONALITY, TA	LENTS, HO	I BBIES AND INTERES	TS:			
EDUCATION (including years a	ttended and	degrees obtained):				
DIAGNOSED LEARNING DISAE	BILITIES: (If	ves. please describe)				
	- (					
FATHER'S REACTION TO PRE	GNANCY a	nd reasons for making	adoption plan:			

ANY (	COMPLICATING FACTORS (I	Health, here	edity, legal…etc.)		
CHIL	DHOOD DISEASES OF BIRTI Asthma	H FATHER □	: Rheumatic Fever		
Н			Scarlet Fever		
	Chicken Pox Diphtheria				
	German Measles		Whooping Cough German Measles		
H			German weasies		
Ш	Other (please specify)				•
BIR1	TH FATHER HEALTH HI	STORY:			
	AIDS (HIV)		Venereal Disease (type)		Mental Illness
	Allergy (type)		Glandular Disturbance		Heart Trouble
	Epilepsy		Blindness		Alcoholism
	Diabetes		Deafness		Congenital Defects
	Tuberculosis		Mental Deficiency		
	Blood Defects (e.g., Sickle (	Cell, RH and	d other Blood types, etc.)		
	Cancer - Type of Cancer:				_
	Arthritis - Type of Arthritis:				
	Neurological (e.g., Huntingto	on's Chorea	a, Multiple Sclerosis, Amyotrophic S	Sclerosis, etc.)	
	Drug usage (prescription an	d non-pres	cription)		
	Alcohol		Anti-Convulsants	П	Vitamins
$\overline{\Box}$	Tobacco		Anti-Nausea Medication		Amphetamines
$\overline{\Box}$	Antibiotics		Anti-Anxiety Medication		Cocaine
	Antihistamines		Sleeping Aids		Crack
$\overline{\Box}$	Steroids	$\overline{\Box}$	Pain Medication	П	Methamphetamine
$\Box$	Diet Aids	$\overline{\Box}$	Prescribed Medication	П	Heroin
$\overline{\Box}$	Heart/Blood Pressure	$\overline{\Box}$	Psychotropic	П	LSD
$\overline{\Box}$	Medicine		Barbiturates	П	Marijuana
$\overline{\Box}$	Hormones		Tranquilizers	_	,
	Chemotherapy or other cand	cer treatme	·		
	Other:				
П		on's Chores	a, Multiple Sclerosis, Amyotrophic S	Clarosis atc.)	
<u> </u>	ral Health:	JIT J OHOLE	i, manipio odiorodia, Arriyotroprilo e	, G,	
-					

<b>BIOLOGICAL PATERI</b>	NAL (	GRANDPAR	ENT INFORMAT	ΓΙΟΝ	
Paternal Grandmother:					
Grandmother's Age at time of adopt	ion: N	Marital Status:	Deceased? Yes Cause:	□No	Age of Death:
Race	Hispar Yes	s 🗌 No	Nationality Descent		Religion
Native American Heritage ☐ Yes ☐ No		Specify Tribe		Occupati	
Eye Color		Hair (color/texture	e) 	Complex	
Height		Weight		Body Typ	De .
EDUCATION ( including years atten					
DIAGNOSED LEARNING DISABILI	TIES: (If	yes, please descril	pe)		
					_
PATERNAL GRANDMOTHER'S RE	EACTION	N TO PREGNANCY	,		

ANY COMPLICATING FACTORS (F	Health,	heredity, legaletc.	)			
DATERNAL ORANDEATHER.						
PATERNAL GRANDFATHER: Grandfather's Age at time of adoption	on:	Marital Status:	Deceased?	☐ Yes	☐ No	Age of Death:
			Cause:			
Race	Hispa Ye	nic s	Nationality De	escent		Religion
Native American Heritage Yes No		Specify Tribe	,		Occupation	
Eye Color		Hair (color/texture	e)		Complexi	ion
Height		Weight			Body Typ	oe e
DESCRIBE PERSONALITY, TALEN	NTS, HO	DBBIES AND INTER	RESTS:		1	
EDUCATION (including years atten	nded and	d degrees obtained)	):			
DIAGNOSED LEARNING DISABILI	TIES: (I	f yes, please descri	be)			

GRANDFATH	ER'S REA	ACTION	TO PREGN	ANCY								
ANY COMPLIC	CATING I	FACTOR	RS (Health, h	neredity, le	gal…etc	.)						
	AL OID!	1110 11	IEODMA1	FIGN								
BIOLOGICA	AL SIBL	Sibling		ION	Sibling	. 2		Sibling	2		Sibling	4
Physical	Heigh		Weight	Heigh		Weight	Height		Weight	Height		Weight
Description	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
				<u> </u>								
Gender Age at time												
of adoption												
Full Sibling												
Half-Sibling												
If Half- Sibling												
which parent in												
common												
Nationality												
Religion												
Medical History												

INFORMAT	ON FO	R BIOI	OGICAL	PATERN	IAL SI	BLING O	F CHILD	BEING	PLACE	D FOR A	DOPTIO	N:	
		Sibling	1		Sibling	2	;	Sibling 3		Sibling 4			
Physical Description	Heigh	t	Weight	Heigh	Height V		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													
	]						1						