|  |  |
| --- | --- |
|  | **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 | [ ]  | German Measles | [ ]  | Whooping Cough |
| [ ]  | Chicken Pox | [ ]  | Hydrocephalus | [ ]  | Down Syndrome |
| [ ]  | Cleft Lip/Cleft Palate | [ ]  | Rheumatic Fever | [ ]  | Speech Problems |
| [ ]  | Cystic Fibrosis | [ ]  | Scarlet Fever | [ ]  | Spina Bifida |
| [ ]  | Diphtheria |
| [ ]  | Other (please specify)  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
| **BIRTH MOTHER HEALTH HISTORY:** |
| [ ]  | AIDS (HIV) | [ ]  | Glasses/contacts or eye problems | [ ]  | Blindness, glaucoma, cataracts |
| [ ]  | Allergy (type)  |       |  | [ ]  | Multiple Sclerosis |
| [ ]  | Anemia | [ ]  | Hodgkin’s Disease | [ ]  | Kidney Disease |
| [ ]  | Asthma | [ ]  | Huntington’s Disease | [ ]  | Heart Attack/Disease |
| [ ]  | Cerebral Palsy | [ ]  | High Blood Pressure | [ ]  | Alcoholism |
| [ ]  | Chromosome Abnormality | [ ]  | Low Blood Pressure | [ ]  | Seizure Disorder |
| [ ]  | Deafness of Hearing Problems | [ ]  | Tuberculosis | [ ]  | Stroke |
| [ ]  | Diabetes | [ ]  | Glandular Disturbance | [ ]  | Thyroid Disease |
| [ ]  | Eczema, Psoriasis or other Skin conditions | [ ]  | Tumors |
| [ ]  | Epilepsy | [ ]  | Venereal Disease (type) |       |  |
| [ ]  | Mental Illness |
|  | [ ]  | Manic Depression/Bi-Polar Disorder | [ ]  | Depression |
|  | [ ]  | Schizophrenia | [ ]  | Anxiety |
|  | [ ]  | Post Partum Depression | [ ]  | 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: |
|       |
| **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:** |
| **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** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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 | [ ]  | Rheumatic Fever |
| [ ]  | Chicken Pox | [ ]  | Scarlet Fever |
| [ ]  | Diphtheria | [ ]  | Whooping Cough |
| [ ]  | German Measles | [ ]  | German Measles |
| [ ]  | Other (please specify)  |       |  |
|  |  |
| **BIRTH FATHER HEALTH HISTORY:** |
| [ ]  | 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 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-Convulsants | [ ]  | Vitamins |
| [ ]  | Tobacco | [ ]  | Anti-Nausea Medication | [ ]  | Amphetamines |
| [ ]  | Antibiotics | [ ]  | Anti-Anxiety Medication | [ ]  | Cocaine |
| [ ]  | Antihistamines | [ ]  | Sleeping Aids | [ ]  | Crack |
| [ ]  | Steroids | [ ]  | Pain Medication | [ ]  | Methamphetamine |
| [ ]  | Diet Aids | [ ]  | Prescribed Medication | [ ]  | Heroin |
| [ ]  | Heart/Blood Pressure | [ ]  | Psychotropic  | [ ]  | LSD |
| [ ]  | Medicine | [ ]  | Barbiturates | [ ]  | Marijuana |
| [ ]  | Hormones | [ ]  | Tranquilizers |  |  |
| [ ]  | 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 PATERNAL SIBLING OF CHILD BEING PLACED FOR ADOPTION:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |