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|  | **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): | | | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) | | | | | | | |
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| MOTHER’S REACTION TO PREGNANCY and reasons for making adoption plan: | | | | | | | | | | | | | | | |
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| ANY COMPLICATING FACTORS (Health, heredity, legal…etc.) | | | | | | | | | | | | | | | |
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| **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) | | |  | | | | | | | | | | |  |
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| **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: | |  | | | |  |
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|  | Blood Defects (e.g., Sickle Cell, RH and other Blood types, etc.) | | | | | | | | | | | |  |  | |
|  | Cancer - Type of Cancer: | | | |  | | | | | | | | |  | |
|  | Arthritis - Type of Arthritis: | | | |  | | | | | | | | |  | |
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|  | 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: |  | | | | | | | | | | | | | | | | | |  |
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| 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: | | | | | | | | | | | | | | | | | | | | |
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| EDUCATION ( including years attended and degrees obtained): | | | | | | | | | | | | | | | | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) | | | | | | | | | | | | | | | | | | | | |
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| GRANDMOTHER’S REACTION TO PREGNANCY | | | | | | | | | |
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| 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: | | | | | | | | | |
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| EDUCATION ( including years attended and degrees obtained): | | | | | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) |
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| GRANDFATHER’S REACTION TO PREGNANCY |
|  |
| ANY COMPLICATING FACTORS (Health, heredity, legal…etc.) |
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| **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 |
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| **Gender** |  | | | |  | | | |  | | | |  | | | |
| **Age at time of adoption** |  | | | |  | | | |  | | | |  | | | |
| **Full Sibling** |  | | | |  | | | |  | | | |  | | | |
| **Half-Sibling** |  | | | |  | | | |  | | | |  | | | |
| **If Half-Sibling which parent in common** |  | | | |  | | | |  | | | |  | | | |
| **Nationality** |  | | | |  | | | |  | | | |  | | | |
| **Religion** |  | | | |  | | | |  | | | |  | | | |

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| **Medical History** |  | | | |  | | | |  | | | |  | | | |
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| **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 |
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| **Gender** |  | | | |  | | | |  | | | |  | | | |
| **Age at time of adoption** |  | | | |  | | | |  | | | |  | | | |
| **Full Sibling** |  | | | |  | | | |  | | | |  | | | |
| **Half-Sibling** |  | | | |  | | | |  | | | |  | | | |
| **If Half-Sibling which parent in common** |  | | | |  | | | |  | | | |  | | | |
| **Nationality** |  | | | |  | | | |  | | | |  | | | |
| **Religion** |  | | | |  | | | |  | | | |  | | | |
| **Medical History** |  | | | |  | | | |  | | | |  | | | |
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| **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: | | | | | |
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| EDUCATION ( including years attended and degrees obtained): | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) | | | | | |
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| FATHER’S REACTION TO PREGNANCY and reasons for making adoption plan: | | | | | |
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| ANY COMPLICATING FACTORS (Health, heredity, legal…etc.) | | | | | | | | |
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| **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: | | | | | | | | |
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| **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: | | | | | | | | | |
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| EDUCATION ( including years attended and degrees obtained): | | | | | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) | | | | | | | | | |
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| PATERNAL GRANDMOTHER’S REACTION TO PREGNANCY | | | | | | | | | |
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| ANY COMPLICATING FACTORS (Health, heredity, legal…etc.) | | | | | | | | | |
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| **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: | | | | | | | | | |
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| EDUCATION ( including years attended and degrees obtained): | | | | | | | | | |
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| DIAGNOSED LEARNING DISABILITIES: (If yes, please describe) | | | | | | | | | |
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| GRANDFATHER’S REACTION TO PREGNANCY |
|  |
| ANY COMPLICATING FACTORS (Health, heredity, legal…etc.) |
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| **BIOLOGICAL SIBLING INFORMATION** |

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| **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 |
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| **Gender** |  | | | |  | | | |  | | | |  | | | |
| **Age at time of adoption** |  | | | |  | | | |  | | | |  | | | |
| **Full Sibling** |  | | | |  | | | |  | | | |  | | | |
| **Half-Sibling** |  | | | |  | | | |  | | | |  | | | |
| **If Half-Sibling which parent in common** |  | | | |  | | | |  | | | |  | | | |
| **Nationality** |  | | | |  | | | |  | | | |  | | | |
| **Religion** |  | | | |  | | | |  | | | |  | | | |
| **Medical History** |  | | | |  | | | |  | | | |  | | | |
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| **INFORMATION FOR BIOLOGICAL PATERNAL SIBLING OF CHILD BEING PLACED FOR ADOPTION:** |

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