

MEDICAL REPORT ON CHILD OF ADOPTIVE FAMILY

This report is to be filled out by adopting parent(s) for each minor child living in the home.

Name of adopting parent(s) _____

Name of Child _____ Date of Birth _____ Sex _____

Child's Developmental History

Note any developmental delays or history of abuse and/or neglect. Describe child's general development.

Child's Present Health Status

Check boxes if conditions are present and provide explanation below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Attention Deficit Disorder
with Hyperactivity | <input type="checkbox"/> Bed-wetting/soiling |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Emotional disturbance |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental retardation | |

Explanation (use reverse side if more space is needed) _____

Is child currently diagnosed and/or being treated for other medical conditions? If yes, please explain.

Continued on reverse side

What medication(s) have been prescribed for child in the past year? Please specify the medication(s) and condition(s) being treated.

Additional comments:

Signature

Date

Relationship to child