



Family, Social and Medical History of Child To Be Adopted

BIRTH MOTHER

Race/Nationality		Reason for Placing Child:		
Color of Hair	Height of Mother	Weight of Mother	Complexion	Build
Type of Features	Color of Eyes	Was Pregnancy Normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Delivery Normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Medication or Drugs Taken During Pregnancy? (If "Yes", explain or list drugs.) <input type="checkbox"/> Yes <input type="checkbox"/> No			Alcohol Consumption During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Talents/ Special Interests				

FAMILY HISTORY (MATERNAL)

	Birth Mother	Child's Grandmother	Child's Grandfather	Mother's Sibling #1	Mother's Sibling #2	Mother's Sibling #3	*Mother's Sibling #4
Date of Birth							
Religion							
Education							
Occupation							
Living or Deceased							
If Deceased, List Cause							

PHYSICAL CONDITION

(Check if applicable. If applicable, attach additional sheet to explain.)

	Birth Mother	Child's Grandmother	Child's Grandfather	Mother's Sibling #1	Mother's Sibling #2	Mother's Sibling #3	*Mother's Sibling #4
Heart Disease							
Cancer							
Diabetes							
Hypertension							
Orthopedic							
Vision							
Hearing							
Allergic Reactions							
Asthma							
Anemia, Sickle Cell, Hemophilia							
Muscular Dystrophy							
Multiple Sclerosis							
Cystic Fibrosis							
Other:							
Mental/Emotional Problems							
Mental Retardation							