

Medical Report for Adoption Applicant

NAME (Last)	(First)	(Middle)	BIRTHDATE
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CURRENT PHYSICAL EXAMINATION (Within Six Months of This Form's Completion Date)

Height	Weight	Temperature	Pulse	Blood Pressure (Indicate if Normal)
Eye Color	Hair Color			

GENERAL HEALTH STATEMENT

1. Does the patient have the usual life expectancy?
2. Were there any recommendations for medical care made to the patient? If so, please state the recommendations.
3. Is the patient physically and emotionally able to assume responsibility for adopting a child?
[] Yes [] No If "No", please explain.
4. Has the patient had a problem with drug or alcohol use? If so, please explain giving extent/nature, treatment received, dates and current status.
5. Has the patient had outpatient or inpatient psychiatric care? If so, please explain, giving extent/nature, dates and current status.
6. Please indicate any other pertinent medical information **including any medication** this patient is currently prescribed. Please include name of medication and dosage.
7. If the examiner has known the patient personally or as a family physician, his or her comments concerning the patient will be appreciated.

EXAMINATION DATE:

SIGNATURE OF EXAMINER:

PRINT NAME:

ADDRESS:

PHONE NUMBER: