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**Father's Medical Information \***

*Please attach a physician's business card to paperwork*

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M or F

How long has this person been a patient? \_\_\_\_\_

Date of exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

List any known current or previous medical conditions/treatment/prognosis: \_\_\_\_\_

Is this patient currently taking any medications: If so, list medications and diagnosis:

Normal Life expectancy: Yes or No

Date tested for HIV: \_\_\_\_\_ Positive or Negative

Are you aware of any mental health issues with patient? Please explain.

Is this applicant free of communicable diseases? \_\_\_\_\_

General, overall health of patient: Excellent or Good or Fair or Poor

Would you recommend of this patient as an adoptive parent? Yes or No

Any further comments: \_\_\_\_\_

Would you like to speak to this applicant's social worker? Yes or No

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

**\*Please Fill Out International Agencies Medical Form If Required**