
Mother'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**