OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Medical and Social History Report for Adoption
Cover Sheet

Pursuant to Section 7504-1.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7504-1.1), except as otherwise provided by the Oklahoma Adoption Code, before placing a minor for adoption, a complete written medical and social history report of the minor to be adopted shall be completed by: (1) the Oklahoma Department of Human Services (OKDHS); (2) a licensed child-placing agency; (3) the attorney representing the adoptive parent in the adoption proceedings; or (4) when the adoptive parent is not represented by an attorney in a direct placement adoption, the person placing the minor for adoption.

This cover sheet is removed prior to disclosure of the report to the:

1. prospective adoptive or adoptive parent;
2. legal guardian of the adopted person;
3. adopted person;
4. adopted person's direct descendants;
5. parents or guardians of the adopted person's descendants; or
6. person to whom disclosure is permitted pursuant to the Oklahoma Adoption Code.

Court case number	County of court proceeding

Child's name	Date of birth

Birth mother's name	Date of birth	Social Security number	
Permanent mailing address	City	State	Zip

Birth father's name	Date of birth	Social Security number	
Permanent mailing address	City	State	Zip

Name of person compiling this report	Relationship to the child		
Address	City	State	Zip

Form 04AN347E, Medical and Social History Report for Adoption Instructions

Form 04AN347E is completed to record the medical and social history of the child placed for adoption.

The cover sheet identifies the child and birth parents and is attached to the report filed with the court and may be retained by Oklahoma Department of Human Services (OKDHS), a licensed child-placing agency, or an attorney representing a party in the adoption proceeding.

Form 04AN347E requests information required by 10 O.S. § 7504-1.1 subsections B and C that is reasonably available from each biological parent, from any person who has had legal or physical custody of the minor, and from any other relative, or other person or entity who can provide information that cannot otherwise reasonably be obtained from the biological parents or a person who has had legal or physical custody of the minor and includes:

1. a copy of all medical, dental, and psychological records of the minor obtained from anyone who has provided medical, dental, or psychological services to the minor; and
2. a copy of all of the minor's educational records.

Stepparent adoption: When the petitioner for the adoption of a minor is a stepparent of the minor and the minor will remain in the legal custody of one biological parent and the stepparent following the adoption, only the medical and social history of the parent whose parental rights are sought to be terminated and that parent's biological relatives is compiled in the medical and social history report.

Relative adoption: When the petitioner for the adoption of a minor is related to the child, only the medical and social history of the parent who is not related to the petitioner and the biological relatives of such parent is completed in the medical and social history report.

Notice to biological parent, adoptive parent, or
any person who submitted information for this report

Pursuant to 10 O.S. § 7504-1.1 E.2, OKDHS, the licensed child-placing agency, attorney for the adoptive parent, or person who prepares the medical and social history report shall advise the biological parents, any other persons who submitted information for the report and the adoptive parent that additional information about the adopted person, the biological parents, and the adopted person's genetic history that becomes available may be submitted to OKDHS, the licensed child-placing agency, attorney, or person who prepared the report or if the location is known to them, to the clerk of the court that issues the decree of adoption. Nothing in this section shall require that the location of the court in which the adoption action is filed be revealed to the biological parents, biological relatives or other persons who submitted information for the report, if the location is not otherwise known to them.

When feasible, the biological parents, legal or physical custodians of the minor or other biological relatives are assisted in providing information for the medical and social history report by trained professionals employed by the: (1) OKDHS; (2) licensed child-placing agency; or (3) attorney for the adoptive parent.

The court may request that a biological parent, a present or former legal or physical custodian of the minor, a biological relative, a school, or a medical, dental, or psychological care provider for the child supply the information or records required by 10 O.S. 7504-1.1.

When printing document sections for handwritten completion print:

- pages 5 - 24 for Section 1. Child's Medical and Social History;
- pages 25 - 45 for Section 2. Mother's Medical and Social History; and
- pages 47 - 67 for Section 3. Father's Medical and Social History.

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Section 1: Child's Medical and Social History

1. Biological mother's health during pregnancy

In what month of the pregnancy of the child placed for adoption did the birth mother first see a health care provider?

- ☐ first
- ☐ second
- ☐ third
- ☐ fourth
- ☐ fifth
- ☐ sixth
- ☐ seventh
- ☐ eighth
- ☐ ninth
- ☐ no prenatal care

During the pregnancy with this child, did the birth mother have or was she exposed to:	Yes	No	Do not know	Month during pregnancy
fever of 102 degrees or higher for more than 48 hours? If yes, diagnosis:	☐	☐	☐	
rashes? If yes, diagnosis, site, or kind:	☐	☐	☐	
infection? If yes, diagnosis, site, or kind:	☐	☐	☐	
x-rays or radiation therapy? If yes, diagnosis, site, or kind:	☐	☐	☐	
toxic substances, fumes, exposure to any occupational hazard that could affect the child? If yes, diagnosis, site, or kind:	☐	☐	☐	
sexually transmitted disease(s)? If yes, diagnosis, site, or kind:	☐	☐	☐	
human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)? If yes, explain:	☐	☐	☐	

During the pregnancy with this child, did the birth mother have or was she exposed to:	Yes	No	Do not know	Month during pregnancy
gestational diabetes? If yes, diagnosis:	☐	☐	☐	
measles or rubella? If yes, diagnosis, site, or kind:	☐	☐	☐	
mumps or chicken pox? If yes, diagnosis, site, or kind:	☐	☐	☐	
high blood pressure? If yes, was it a pre-existing condition?	☐	☐	☐	
preeclampsia, increased blood pressure, swelling, or protein in urine? If yes, diagnosis or other related information:	☐	☐	☐	
eclampsia or preeclampsia symptoms with seizures? If yes, diagnosis or other related information:	☐	☐	☐	
seizures without eclampsia? If yes, diagnosis and kind:	☐	☐	☐	
other diseases or injuries during pregnancy? If yes, diagnosis, site, or kind:	☐	☐	☐	
alcohol, beer, or wine? If yes, how much per week:	☐	☐	☐	
cigarettes or other tobacco? If yes, how many/much per week:	☐	☐	☐	
cocaine? If yes, how much per week:	☐	☐	☐	

During the pregnancy with this child, did the birth mother have or was she exposed to:	Yes	No	Do not know	Month during pregnancy
crack cocaine? If yes, how much per week:	☐	☐	☐	
heroin? If yes, how much per week:	☐	☐	☐	
methadone? If yes, how much per week:	☐	☐	☐	
LSD or acid? If yes, how much per week:	☐	☐	☐	
paint or glue sniffing? If yes, how much per week:	☐	☐	☐	
marijuana, also known as pot? If yes, how much per week:	☐	☐	☐	
amphetamines, also known as crank or uppers? If yes, how much per week:	☐	☐	☐	
methamphetamine? If yes, how much per week:	☐	☐	☐	
barbiturates, also known as downers? If yes, how much per week?	☐	☐	☐	
other abused drugs? If yes, what drug and how much per week:	☐	☐	☐	
prescription medication(s)? If yes, list name(s) of prescriptions:	☐	☐	☐	

During the pregnancy with this child, did the birth mother have or was she exposed to:	Yes	No	Do not know	Month during pregnancy
over-the-counter medication(s)? If yes, list name(s) of medication(s):	☐	☐	☐	

2. Child's birth

Child's gender ☐ male ☐ female	Date of birth	Time of birth	Hospital or location of birth	
City of birth		State of birth		County of birth

Describe the birth mother's health at the time of delivery.

How long was the mother's labor? _____

Was the delivery ☐ vaginal or ☐ cesarean? If cesarean, why?

Was labor induced? ☐ Yes ☐ No If yes, why?

Were there any problems during this delivery? ☐ Yes ☐ No ☐ Don't know

If yes, explain._____

The baby was born: ☐ head first ☐ breach ☐ don't know.

Were health problems or birth defects noted at birth? ☐ Yes ☐ No ☐ Don't know

If yes, explain. _____

Were problems noted after birth? ☐ Yes ☐ No ☐ Don't know

If yes, explain and indicate the child's age at the time the problem was noted.

_____

_____

_____

Baby was born: ☐ at term
☐ premature at _____ weeks.
☐ postmature at _____ weeks.

Birth weight pounds ounces	Birth length inches	Head circumference

Apgar score at: one minute _____ and five minutes _____ ☐ don't know.

Baby's blood type:

☐ A
☐ B
☐ AB
☐ O

☐ Rh positive
☐ Rh negative
☐ Don't know

Were any of the newborn screening tests abnormal? ☐ Yes ☐ No ☐ Don't know

If yes, describe. _____

_____

_____

_____

The child born to parents who are related by blood has a greater chance of health problems. Are the birth parents:

☐ father and daughter
☐ mother and son
☐ brother and sister
☐ half-brother and half-sister
☐ uncle and niece
☐ aunt and nephew
☐ first cousins
☐ unrelated

3. Child's current primary care physician

Child's current or most recent primary care physician		Physician's number	
Physician's address	City	State	Zip

4. Child's illnesses, diseases, and congenital or birth defects

Has the child had or does the child have:	Yes	If yes, age	No	Do not know
measles	☐		☐	☐
German measles	☐		☐	☐
chicken pox	☐		☐	☐
mumps	☐		☐	☐
scarlet fever	☐		☐	☐
tuberculosis	☐		☐	☐
appendicitis	☐		☐	☐
hepatitis	☐		☐	☐
Reye syndrome	☐		☐	☐
arthritis	☐		☐	☐
high blood pressure	☐		☐	☐
epilepsy or seizures	☐		☐	☐
hearing loss	☐		☐	☐
cerebral palsy	☐		☐	☐
sickle cell anemia	☐		☐	☐
whooping cough	☐		☐	☐
pneumonia	☐		☐	☐
meningitis	☐		☐	☐
encephalitis	☐		☐	☐
anemia	☐		☐	☐
cystic fibrosis	☐		☐	☐
diabetes	☐		☐	☐
HIV	☐		☐	☐
AIDS	☐		☐	☐
failure to thrive	☐		☐	☐

Has the child had or does the child have:	Yes	If yes, age	No	Do not know
heart defect	☐		☐	☐
mental retardation	☐		☐	☐
vision difficulties	☐		☐	☐
kidney disease	☐		☐	☐
congenital or birth defects	☐		☐	☐

Explain the duration, severity, and treatment provided for any illness, condition, or disease marked yes above.

_____
_____
_____
_____
_____
_____

List the child's other diseases or illnesses that required medical treatment or hospitalization including: (1) chronic or recurring illnesses such as, ear infections, colic, or digestive ailments; and (2) remarks regarding the duration and severity of the illness or disease and the treatment received.

Type of illness or disease	Date	Remarks

5. Child's allergies

Describe the child's: (1) allergies to things such as food, medication, insects, or environmental conditions; (2) symptoms of the allergic reaction; (3) duration of the reaction; and (4) treatment for the allergic condition.

Allergy	Symptoms	Duration	Treatment

6. Child's traumas, accidents, or injuries

Describe the traumas, accidents, or injuries the child has suffered including the severity and treatment received for each incident.

Trauma, accident, or injury	Severity	Treatment received

7. Child's surgeries

Describe the child's surgeries including the: (1) type; (2) date; (3) medical facility; and (4) purpose of the surgery.

Type of surgery	Date of surgery	Medical facility	Purpose of surgery

Are copies of the child's medical records from anyone who has examined the child attached per 10 O.S. § 7504-1.1? ☐ Yes ☐ No

8. Child's physical development

Is or was the child's rate of growth and physical development:
☐ within normal limits; or ☐ delayed?

If the child's growth and physical development is outside normal limits, explain:

_____
_____
_____

Child's current height: _____
Child's current weight: _____
Date measured and weighed: _____

Child's current head circumference, if child is less than two years of age: _____

9. Child's immunization record

Is the child's current immunization record attached? ☐ Yes ☐ No
If no, the immunization record is located at: _____

Has the child displayed any abnormal reactions to vaccines? ☐ Yes ☐ No ☐ Don't know

If yes, explain: _____
_____
_____
_____
_____

10. Child's dental health

Has the child received regular dental care? ☐ Yes ☐ No ☐ Don't know
If yes, how often? _____
Date of last dental visit? _____
Dentist's name and office location: _____

Describe: (1) any dental problems and diseases the child has suffered; (2) the date of onset; (3) duration; (4) and dental treatment provided.

_____
_____
_____
_____
_____

Are copies of the child's dental records from anyone who has provided dental services to the child attached per 10 O.S. § 7504-1.1? ☐ Yes ☐ No

11. Child's psychological and behavioral health

Has the child ever been examined, evaluated, diagnosed, or treated for any psychological diseases, conditions, or problems? ☐ Yes ☐ No ☐ Don't know

If yes, list the: (1) date; (2) name and type of professional who conducted the examination or evaluation or who made the diagnosis; (3) reason for any examination or evaluation; (4) diagnosis and treatment provided; and (5) testing and medication prescribed and the reasons. Attach additional sheets when necessary to provide additional details.

	Date	Service provider and location	Reason for the examination or evaluation
1.			
	Diagnosis and treatment(s) provided:		
	Testing or medications prescribed and reasons:		

	Date	Service provider and location	Reason for the examination or evaluation
2.			
	Diagnosis and treatment(s) provided:		
	Testing or medications prescribed and reasons:		

	Date	Service provider and location	Reason for the examination or evaluation
3.			
	Diagnosis and treatment(s) provided:		
	Testing or medications prescribed and reasons:		

Are copies of the child's psychological or behavioral health records attached as required by 10 O.S. 7504-1.1? ☐ Yes ☐ No

12. Child's developmental history

List the age in months at which the child performed the listed activities.

Activity	Age in months	Activity	Age in months
smile		use crayons	
roll front to back		use two word sentences	
sit unsupported		read	
crawl		count to ten	
stand alone		correctly identify four colors	
walk alone		toilet train (bladder)	
say two to three words		toilet train (bowels)	
point to body parts			

Has the child's attainment of developmental milestones been delayed? ☐ Yes ☐ No

If yes, explain: _____

_____

_____

Has the child received early intervention services such as SoonerStart, speech therapy, or physical therapy? ☐ Yes ☐ No

If yes, explain: _____

_____

_____

13. Child's behavior

Has the child displayed:	Yes	If yes, age of onset	No	Do not know
violence to family members	☐		☐	☐
violence to other children	☐		☐	☐
violence to other adults	☐		☐	☐
sexual abuse of others	☐		☐	☐
sexual acting out	☐		☐	☐

Has the child displayed:	Yes	If yes, age of onset	No	Do not know
unusual aggression	☐		☐	☐
abuse to animals	☐		☐	☐
excessive lying for the child's age	☐		☐	☐
threats of violence	☐		☐	☐
self-mutilation	☐		☐	☐
threats of suicide	☐		☐	☐
suicide attempts	☐		☐	☐
fire setting	☐		☐	☐
property destruction	☐		☐	☐
explosive temper	☐		☐	☐
lack of control	☐		☐	☐
difficulty bonding	☐		☐	☐

Explain in detail any yes answers, including the duration of the behaviors, the circumstances, and the outcomes of the behaviors. _____

Has the child been convicted of a crime or adjudicated as a delinquent? ☐ Yes ☐ No

If yes, describe: (1) the nature of each offense; (2) the child's age at the time of the offense; (3) the circumstances of the offense; (4) the conviction or adjudication; and (5) the punishment imposed or other outcome of the adjudication.

14. Child's placement history

Chronologically list the child's placements since birth including the: (1) relation of the person with whom the child lived; (2) reasons for the change of caregiver or placement; and (3) the child's relationship with the caregiver. Attach additional sheets as necessary.

	Dates of placement	Caregiver's relation to child such as mother or paternal aunt	Reason for change of caregiver or placement
1	Birth to		
	Describe the child's relationship with this caregiver.		

	Dates of placement	Caregiver's relation to child such as mother or paternal aunt	Reason for change of caregiver or placement
2	to		
	Describe the child's relationship with this caregiver.		

	Dates of placement	Caregiver's relation to child such as mother or paternal aunt	Reason for change of caregiver or placement
3	to		
	Describe the child's relationship with this caregiver.		

	Dates of placement	Caregiver's relation to child such as mother or paternal aunt	Reason for change of caregiver or placement
4	to		
	Describe the child's relationship with this caregiver.		

	Dates of placement	Caregiver's relation to child such as mother or paternal aunt	Reason for change of caregiver or placement
5	to		
	Describe the child's relationship with this caregiver.		

15. Child's siblings

List the child's siblings by first name only, the sibling's date of birth (DOB), the sibling's current placement, and describe the child's relationship with each brother or sister including whether visitation occurs. Attach additional sheets if necessary.

1.	Sibling's first name	DOB	Gender	Sibling's current placement
			☐ male ☐ female	
	Describe the child's relationship with this sibling, including whether visitation occurs.			

2.	Sibling's first name	DOB	Gender	Sibling's current placement
			☐ male ☐ female	
	Describe the child's relationship with this sibling, including whether visitation occurs.			

3.	Sibling's first name	DOB	Gender	Sibling's current placement
			☐ male ☐ female	
	Describe the child's relationship with this sibling, including whether visitation occurs.			

4.	Sibling's first name	DOB	Gender	Sibling's current placement
			☐ male ☐ female	
	Describe the child's relationship with this sibling, including whether visitation occurs.			

5.	Sibling's first name	DOB	Gender	Sibling's current placement
			☐ male ☐ female	
	Describe the child's relationship with this sibling, including whether visitation occurs.			

16. Child's relationships with extended family

List birth or extended family members the child currently visits or with whom the child has had a past or current relationship.

Name	Relationship to child	Comments regarding the relationship

List other non-relative persons with whom the child has lived or had a past or current significant relationship.

Name	Relationship to child	Comments regarding the relationship

17. Child's abuse or neglect history

Chronologically document any physical, sexual, or emotional abuse or neglect incidents suffered by the child including the: (1) incident date; (2) allegations; (3) alleged perpetrator; (4) injuries; and (5) child's reaction. Attach additional sheets if necessary.

Incident date	Allegations and alleged perpetrator
Injuries: ☐ Yes ☐ No If yes, describe:	
Describe child's reaction to the incident:	

Incident date	Allegations and alleged perpetrator
Injuries: ☐ Yes ☐ No If yes, describe:	

Describe child's reaction to the incident:

Incident date	Allegations and alleged perpetrator
Injuries: ☐ Yes ☐ No If yes, describe:	
Describe child's reaction to the incident:	

Has the child witnessed any physical, sexual, or emotional abuse to members of the child's family, household, or others? ☐ Yes ☐ No

If yes, describe including: (1) the date or time period; (2) the nature of the abuse, circumstances, relationship of the abuser and victim to the child; (3) frequency; and (4) child's reaction.

Has there been a criminal conviction, judicial order terminating parental rights, or other proceeding in which a birth parent was alleged to have abused, neglected, abandoned, or otherwise mistreated the child, the child's sibling(s), or the other biological parent?
☐ Yes ☐ No

If yes, describe including: (1) the date of the proceeding; (2) the nature and circumstances surrounding the allegations; (3) the victim; and (4) the outcome of the judicial proceeding.

18. Child's personal preferences and culture

Describe the child's personal preferences such as hobbies, interests, favorite foods, music, activities, sports, outings, toys, and pets.

Describe the child's strengths.

Describe the child's culture, including: (1) the child's cultural background and whether the child identifies with his or her cultural or ethnic group.

What languages does the child speak and understand?

What are the child's most important traditions, values, and beliefs?

What is the child's religious or spiritual background?

What is the child's favorite holiday?

How is the child's birthday celebrated?

19. Child's educational history

☐ The child is not of school age.

Child's current grade level: _____

Describe the child's educational history, from preschool through the present grade, including: (1) grade level; (2) name of school attended; (3) city and state; and (4) academic performance.

Grade(s)	School name	City and state	Academic performance

Is the child in special education? ☐ Yes ☐ No

If yes, (1) detail the results of all testing and recommendations related to the determination for special education; and (2) explain when and why the determination was made for special education.

Is further educational testing necessary? ☐ Yes ☐ No

If yes, explain.

Does the child have an Individual Education Plan (IEP)? ☐ Yes ☐ No

If yes, summarize the IEP.

Document the child's most recent report card grades.

Date	Class name or subject	Grade	Comments

Detail the child's academic strengths and weaknesses, including: (1) what the child likes most and least about school; and (2) the child's school activities.

Are the child's educational records attached as required by 10 O.S. § 7504-1.1? ☐ Yes ☐ No

20. Child's eligibility for governmental benefits

Is the child eligible for or receiving state or federal benefits including:

State or federal program		Comments regarding eligibility or potential eligibility
Developmental Disabilities Services (DDSD)	☐ yes ☐ no ☐ don't know	
Supplemental Security Income (SSI)	☐ yes ☐ no ☐ don't know	
Supplemental Security Survivor benefits (SSA)	☐ yes ☐ no ☐ don't know	
Medicaid	☐ yes ☐ no ☐ don't know	
Adoption assistance	☐ yes ☐ no ☐ don't know	
List other state or federal benefits the child receives	☐ yes ☐ no ☐ don't know	

The information contained in Section 1. Child's medical and social history was provided by:

☐ birth mother

☐ birth father

☐ other, specify relationship to birth mother: _____

☐ other, specify relationship to birth mother: _____

☐ other, specify relationship to birth mother: _____

This space intentionally left blank

Section 2: Birth Mother's Medical and Social History

1. Birth mother's general information

Birth mother's date of birth	Place of birth	Birth mother's nationality:

The birth mother is: ☐ living ☐ deceased If deceased, cause of and age at death:	Race or ethnicity ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American ☐ Asian-American ☐ Other: _____ ☐ Multiethnic, specify:

2. Tribal information

Is the birth mother a member of a Native American tribe? ☐ Yes ☐ No

Mother's tribe	CDIB number	Is mother an enrolled tribal member? ☐ Yes ☐ No ☐ Not applicable
Mother's tribal enrollment number		

Is the child placed for adoption a member of a Native American tribe? ☐ Yes ☐ No

Child's tribe	CDIB number	Is the child an enrolled tribal member? ☐ Yes ☐ No ☐ Not applicable
Child's tribal enrollment number		

3. Birth mother's physical characteristics

Birth mother's height	Unusual features or birthmarks	
Weight	Eye color	The birth mother is: ☐ right-handed ☐ left-handed
Natural hair color	Body build	Skin shade ☐ Light ☐ medium ☐ dark

4. Birth mother's childhood history

Briefly describe the birth mother's childhood history.

5. Birth mother's siblings

How many full or half-brothers does the birth mother have? _____
How many full or half-sisters does the birth mother have? _____

Describe each sibling. Attach additional sheets, if necessary.

Birth mother's sibling	Birth year	Comments about the relationship between birth mother and her sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased
If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.
1.
2.
3.
4.

Birth mother's sibling	Birth year	Comments about the relationship between birth mother and her sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased
If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.
1.
2.
3.
4.

Birth mother's sibling	Birth year	Comments about the relationship between birth mother and her sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

Birth mother's sibling	Birth year	Comments about the relationship between birth mother and her sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

List or describe any of the birth mother's sibling's noteworthy accomplishments.

_____
_____
_____
_____

6. Birth mother's parents and grandparents

Describe the mother's relationship with each relative and complete the questions regarding the relative. Attach additional sheets as necessary.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.

2.

3.

4.

Relative's highest level of education?

Describe the relative's religious or spiritual background.

Describe the relative's talents, hobbies, and special interests.

Has the relative been physically or sexually abused? ☐ Yes ☐ No
Has the relative been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the relative's victimization.

Describe the relative's occupation and employment history.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.

2.

3.

4.

Relative's highest level of education?

Describe the relative's religious or spiritual background.

Describe the relative's talents, hobbies, and special interests.

Has the relative been physically or sexually abused? ☐ Yes ☐ No

Has the relative been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the relative's victimization.

Describe the relative's occupation and employment history.

List or describe the birth mother's parents' noteworthy accomplishments.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's maternal grand-mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's maternal grand-father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's paternal grand-mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth mother and relative	Relative's physical description
Birth mother's paternal grand-father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

7. Mother's religious or spiritual background

Describe the birth mother's religious or spiritual background.

8. Birth mother's education, marital, and work history

What is the birth mother's education level?

☐ high school graduate ☐ college graduate ☐ graduate degree ☐ other:

Describe the birth mother's marital history.

What is the birth mother's current occupation? _____

Describe the birth mother's employment history.

9. Birth mother's criminal history

Has the birth mother ever been arrested? ☐ Yes ☐ No

If yes, describe the birth mother's criminal history.

10. Birth mother's accomplishments and special interests

Describe the birth mother's talents, hobbies, and special interests.

Describe the birth mother's noteworthy accomplishments or vocational achievements.

Detail any additional information about the birth mother, such as her personality type, likes and dislikes, or other noteworthy information.

_____
_____
_____
_____
_____

11. Birth mother's other children

List other children born to the birth mother. Add additional sheets when necessary.

1.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

2.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

3.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

12. Birth mother's behavioral health history

Does the birth mother have any physical challenges or behavioral disabilities such as mental retardation or mental illness? ☐ Yes ☐ No

Has the birth mother been physically or sexually abused? ☐ Yes ☐ No

Has the birth mother been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the birth mother's victimization.

_____

_____

_____

_____

_____

Has the birth mother had any psychiatric or psychological evaluations or treatment, including treatment for drug or alcohol problems? ☐ Yes ☐ No

If yes, explain. Attach additional sheets, if necessary.

1. Symptoms and situation that prompted evaluation or treatment	Birth mother's age at time of symptoms

Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

2. Symptoms and situation that prompted evaluation or treatment	Birth mother's age at time of symptoms

Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

3. Symptoms and situation that prompted evaluation or treatment	Birth mother's age at time of symptoms

Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

13. Birth mother's genetic medical history

At what age did the birth mother begin menstruation? _____

Indicate if the birth mother or any of the birth mother's blood relatives now have or have ever had any of the medical conditions listed. Blood relatives include birth mother's children, parents, grandparents, aunts, uncles, brothers, sisters, half-brothers, half-sisters, cousins, nieces, or nephews. Do not list relatives related by marriage or adoption.

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
1.	Blindness or other visual problems such as cataracts or glaucoma If other, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
2.	Deafness or hearing difficulties If yes, present from birth? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
3.	Unusual shape or missing ear If yes, ☐ one ear ☐ both ears	☐ Yes ☐ No	☐ Yes ☐ No	
4.	Speech problems such as delayed speech, stuttering, or articulation disorder?	☐ Yes ☐ No	☐ Yes ☐ No	
5.	Dental problems such as missing or extra teeth or severe malocclusion	☐ Yes ☐ No	☐ Yes ☐ No	
6.	Cleft lip known as hair lip	☐ Yes ☐ No	☐ Yes ☐ No	
7.	Cleft palate	☐ Yes ☐ No	☐ Yes ☐ No	
8.	Learning disability or slow learner	☐ Yes ☐ No	☐ Yes ☐ No	
9.	Intellectual disabilities ☐ mild ☐ moderate ☐ severe Cause, if known:	☐ Yes ☐ No	☐ Yes ☐ No	
10.	Attention Deficit Disorder or Hyperactivity known as ADD or ADHD	☐ Yes ☐ No	☐ Yes ☐ No	
11.	Down syndrome	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
12.	Chromosome Abnormality If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
13.	Mental illness such as manic depression, schizophrenia, or nervous breakdown	☐ Yes ☐ No	☐ Yes ☐ No	
14.	Hydrocephalus known as water on the brain	☐ Yes ☐ No	☐ Yes ☐ No	
15.	Microcephaly known as small head	☐ Yes ☐ No	☐ Yes ☐ No	
16.	Patches of hair of different color	☐ Yes ☐ No	☐ Yes ☐ No	
17.	Patches of skin of different color such as white or brown spots	☐ Yes ☐ No	☐ Yes ☐ No	
18.	Birthmarks with an unusual shape, size, or number	☐ Yes ☐ No	☐ Yes ☐ No	
19.	Skin problems such as severe eczema, acne, or other problems	☐ Yes ☐ No	☐ Yes ☐ No	
20.	Bleeding problems or hemophilia	☐ Yes ☐ No	☐ Yes ☐ No	
21.	Sickle cell disease	☐ Yes ☐ No	☐ Yes ☐ No	
22.	Thalassemia known as Mediterranean or Cooley's anemia	☐ Yes ☐ No	☐ Yes ☐ No	
23.	High blood pressure known as hypertension	☐ Yes ☐ No	☐ Yes ☐ No	
24.	Stroke	☐ Yes ☐ No	☐ Yes ☐ No	
25.	Heart attack or coronary before age 50	☐ Yes ☐ No	☐ Yes ☐ No	
26.	Born with heart defect such as a hole in the heart	☐ Yes ☐ No	☐ Yes ☐ No	
27.	Other heart disease If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
28.	Born with spina bifida or open spine	☐ Yes ☐ No	☐ Yes ☐ No	
29.	Born with anencephaly or missing brain	☐ Yes ☐ No	☐ Yes ☐ No	
30.	Born with dislocated hips or other hip problems	☐ Yes ☐ No	☐ Yes ☐ No	
31.	Dwarfism or short stature	☐ Yes ☐ No	☐ Yes ☐ No	
32.	Scoliosis or spinal curvature	☐ Yes ☐ No	☐ Yes ☐ No	
33.	Unusually formed bones or broken bones not caused by accident	☐ Yes ☐ No	☐ Yes ☐ No	
34.	Unusually formed feet such as extra, missing, or webbed toes	☐ Yes ☐ No	☐ Yes ☐ No	
35.	Unusually formed hands such as extra, missing, or webbed fingers	☐ Yes ☐ No	☐ Yes ☐ No	
36.	Club foot	☐ Yes ☐ No	☐ Yes ☐ No	
37.	Other birth defects If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
38.	Other unusual characteristics If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
39.	Arthritis or joint problems	☐ Yes ☐ No	☐ Yes ☐ No	
40.	Muscular dystrophy	☐ Yes ☐ No	☐ Yes ☐ No	
41.	Muscle weakness	☐ Yes ☐ No	☐ Yes ☐ No	
42.	Loss of muscle control	☐ Yes ☐ No	☐ Yes ☐ No	
43.	Pyloric stenosis or projectile vomiting	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
44.	Breast cancer	☐ Yes ☐ No	☐ Yes ☐ No	
45.	Colon cancer	☐ Yes ☐ No	☐ Yes ☐ No	
46.	Ovarian cancer	☐ Yes ☐ No	☐ Yes ☐ No	
47.	Other cancer If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
48.	Cystic fibrosis	☐ Yes ☐ No	☐ Yes ☐ No	
49.	Alzheimer disease	☐ Yes ☐ No	☐ Yes ☐ No	
50.	Huntington disease known as chorea	☐ Yes ☐ No	☐ Yes ☐ No	
51.	Neurofibromatosis	☐ Yes ☐ No	☐ Yes ☐ No	
52.	Multiple schlerosis	☐ Yes ☐ No	☐ Yes ☐ No	
53.	Tay Sachs disease	☐ Yes ☐ No	☐ Yes ☐ No	
54.	Cerebral palsy If yes, was there birth trauma? _____	☐ Yes ☐ No	☐ Yes ☐ No	
55.	Seizures, convulsions, epilepsy If yes, is medication required? _____	☐ Yes ☐ No	☐ Yes ☐ No	
56.	Childhood diabetes	☐ Yes ☐ No	☐ Yes ☐ No	
57.	Adult diabetes - insulin or non-insulin dependent	☐ Yes ☐ No	☐ Yes ☐ No	
58.	Thyroid disorder – over or under active	☐ Yes ☐ No	☐ Yes ☐ No	
59.	Kidney problems If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
60.	Respiratory or breathing problems such as emphysema	☐ Yes ☐ No	☐ Yes ☐ No	
61.	Asthma	☐ Yes ☐ No	☐ Yes ☐ No	
62.	Allergies or hay fever	☐ Yes ☐ No	☐ Yes ☐ No	
63.	Allergies to foods If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
64.	Allergies to medications or anesthesia If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
65.	Alcohol dependency or any addiction or predisposition to alcohol addiction	☐ Yes ☐ No	☐ Yes ☐ No	
66.	Chemical dependency to drugs or any drug addiction or predisposition to drug addiction	☐ Yes ☐ No	☐ Yes ☐ No	
67.	Weight problems such as obesity or anorexia	☐ Yes ☐ No	☐ Yes ☐ No	
68.	Infertility	☐ Yes ☐ No	☐ Yes ☐ No	
69.	Miscarriages If yes, how many:	☐ Yes ☐ No	☐ Yes ☐ No	
70.	Stillbirths If yes, how many:	☐ Yes ☐ No	☐ Yes ☐ No	
71.	Neonatal deaths before one month of age	☐ Yes ☐ No	☐ Yes ☐ No	
72.	Infant deaths before one year of age	☐ Yes ☐ No	☐ Yes ☐ No	
73.	Childhood deaths	☐ Yes ☐ No	☐ Yes ☐ No	
74.	Human Immunodeficiency Virus known as HIV positive	☐ Yes ☐ No	☐ Yes ☐ No	
75.	Acquired Immunodeficiency Syndrome known as AIDS	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth mother	Blood relative	Affected person's relationship to birth mother
76.	Frequent infections or immune deficiency	☐ Yes ☐ No	☐ Yes ☐ No	
77.	Sexually transmitted diseases If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
78.	Gynecological problems	☐ Yes ☐ No	☐ Yes ☐ No	
79.	Abnormality of the reproductive organs	☐ Yes ☐ No	☐ Yes ☐ No	

Complete the information for any yes answers to questions 1-79 above.

Question number from above	Age when birth mother or blood relative first affected	Comments including: (1) the name of the disorder; (2) period of condition; (3) treatment; and (4) prognosis

Did the birth mother consume any drugs, medication, or alcohol at the time of conception of the child placed for adoption? ☐ Yes ☐ No

Has the birth mother been told that she is a carrier of a genetic or inherited disease? ☐ Yes ☐ No

If yes, specify the disease and whether the birth mother is affected or is a carrier.

Disease:	Birth mother is ☐ affected or a ☐ carrier
Disease:	Birth mother is ☐ affected or a ☐ carrier
Disease:	Birth mother is ☐ affected or a ☐ carrier

List any other potentially inheritable psychological or physical disease, disorder, trait, or tendency of: (1) either birth parent of the child placed for adoption; (2) other children of either birth parent; (3) biological grandparents; or (4) other biological relatives. State the condition and the relationship of the affected person to the child placed for adoption.

Disease or disorder	Affected person's relationship to the child placed for adoption

14. Circumstances leading to adoption

Describe the circumstances leading to this adoption.

List who in the birth mother's family is aware of the adoption and describe the person's reaction.

Relationship to birth mother	Reaction

The information contained in Section 2. Birth mother's medical and social history was provided by:

☐ birth mother

☐ other, specify relationship to birth mother: _____

☐ other, specify relationship to birth mother: _____

☐ other, specify relationship to birth mother: _____

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Section 3: Birth Father's Medical and Social History

1. Birth Father's general information

Birth father's date of birth	Place of birth	Birth father's nationality:

The birth father is: ☐ living ☐ deceased If deceased, cause of and age at death:	Race or ethnicity ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American ☐ Asian-American ☐ Other: _____ ☐ Multiethnic, specify:

2. Tribal information

Is the birth father a member of a Native American tribe? ☐ Yes ☐ No

Father's tribe	CDIB number	Is father an enrolled tribal member? ☐ Yes ☐ No ☐ Not applicable
Father's tribal enrollment number		

Is the child placed for adoption a member of a Native American tribe? ☐ Yes ☐ No

Child's tribe	CDIB number	Is the child an enrolled tribal member? ☐ Yes ☐ No ☐ Not applicable
Child's tribal enrollment number		

3. Birth father's physical characteristics

Birth father's height	Unusual features or birthmarks	
Weight	Eye color	The birth father is: ☐ right-handed ☐ left-handed
Natural hair color	Body build	Skin shade ☐ Light ☐ medium ☐ dark

4. Birth father's childhood history

Briefly describe the birth father's childhood history.

5. Birth father's siblings

How many full or half brothers does the birth father have? _____
How many full or half sisters does the birth father have? _____

Describe each sibling. Attach additional sheets, if necessary.

Birth father's sibling	Birth year	Comments about the relationship between birth father and his sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

Birth father's sibling	Birth year	Comments about the relationship between birth father and his sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

Birth father's sibling	Birth year	Comments about the relationship between birth father and his sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

Birth father's sibling	Birth year	Comments about the relationship between birth father and his sibling	Relative's physical description
☐ male ☐ female			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.
2.
3.
4.

List or describe any of the birth father's sibling's noteworthy accomplishments.

_____
_____
_____
_____

6. Birth father's parents and grandparents

Describe the birth father's relationship with each relative and complete the questions regarding the relative. Attach additional sheets as necessary.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.

2.

3.

4.

Relative's highest level of education?

Describe the relative's religious or spiritual background.

Describe the relative's talents, hobbies, and special interests.

Has the relative been physically or sexually abused? ☐ Yes ☐ No
Has the relative been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the relative's victimization.

Describe the relative's occupation and employment history.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Describe any significant health, physical, mental, or learning problems, if any, including age at onset.

1.

2.

3.

4.

Relative's highest level of education?

Describe the relative's religious or spiritual background.

Describe the relative's talents, hobbies, and special interests.

Has the relative been physically or sexually abused? ☐ Yes ☐ No

Has the relative been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the relative's victimization.

Describe the relative's occupation and employment history.

List or describe the birth father's parents' noteworthy accomplishments or use this space to provide additional information regarding the father's parents.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's maternal grand-mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's maternal grand-father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's paternal grand-mother			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

Relative	Birth year	Comments about the relationship between birth father and relative	Relative's physical description
Birth father's paternal grand-father			height:_____ hair color: _____ weight:_____eye color: _____ other characteristics:

☐ living ☐ deceased

If deceased, age at death: _____ ; and cause of death:

Relative's highest level of education, if known? _____

Relative's ethnic background:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American
☐ Asian-American ☐ Other, specify:
☐ multiethnic, specify:

Describe the relative's ancestry, including country of origin and ancestors country of origin.

Describe the relative's religious or spiritual background, if known.

Describe the relative's talents, hobbies, and special interests, if known.

Describe the relative's occupation and employment history, if known.

List or describe this relative's noteworthy accomplishments or use this space to provide additional information regarding the relative.

7. Father's religious or spiritual background

Describe the birth father's religious or spiritual background.

8. Birth father's education, marital, and work history

What is the birth father's education level?

☐ high school graduate ☐ college graduate ☐ graduate degree ☐ other:

Describe the birth father's marital history.

What is the birth father's current occupation? _____

Describe the birth father's employment history.

9. Birth father's criminal history

Has the birth father ever been arrested? ☐ Yes ☐ No

If yes, describe the birth father's criminal history.

10. Birth father's accomplishments and special interests

Describe the birth father's talents, hobbies, and special interests.

Describe the birth father's noteworthy accomplishments or vocational achievements.

Detail any additional information about the birth father, such as his personality type, likes and dislikes, or other noteworthy information.

11. Birth father's other children

List other children born to the birth father. Add additional sheets when necessary.

1.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

2.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

3.	Child's first name	DOB	Gender	Child's physical description
			☐ male ☐ female	height: _____ hair color: _____ weight: _____ eye color: _____

Child is ☐ full ☐ half sibling to the child placed for adoption.

Child is ☐ living ☐ deceased.

If deceased, age at death: _____ ; and cause of death:

Describe the child's significant health, psychological, or learning disabilities, if any:

1.

2.

3.

Describe any significant problems with the birth mother's pregnancy with this child.

12. Birth father's behavioral health history

Does the birth father have any physical challenges or behavioral disabilities such as mental retardation or mental illness? ☐ Yes ☐ No

Has the birth father been physically or sexually abused? ☐ Yes ☐ No
Has the birth father been in a relationship that involved domestic violence? ☐ Yes ☐ No

If yes, describe any significant emotional or behavioral history that resulted due to the birth father's victimization.

_____
_____
_____
_____
_____

Has the birth father had any psychiatric or psychological evaluations or treatment, including treatment for drug or alcohol problems? ☐ Yes ☐ No

If yes, explain. Attach additional sheets, if necessary.

1. Symptoms and situation that prompted evaluation or treatment		Birth father's age at time of symptoms
Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

2. Symptoms and situation that prompted evaluation or treatment		Birth father's age at time of symptoms
Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

3. Symptoms and situation that prompted evaluation or treatment	Birth father's age at time of symptoms

Diagnosis:	Summary of psychiatric or psychological findings:	Treatment provided:

13. Birth father's genetic medical history

Indicate if the birth father or any of the birth father's blood relatives now have or have ever had any of the medical conditions listed. Blood relatives include birth father's children, parents, grandparents, aunts, uncles, brothers, sisters, half-brothers, half-sisters, cousins, nieces, or nephews. Do not list relatives related by marriage or adoption.

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
1.	Blindness or other visual problems such as cataracts or glaucoma If other, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
2.	Deafness or hearing difficulties If yes, present from birth? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
3.	Unusual shape or missing ear If yes, ☐ one ear ☐ both ears	☐ Yes ☐ No	☐ Yes ☐ No	
4.	Speech problems such as delayed speech, stuttering, or articulation disorder?	☐ Yes ☐ No	☐ Yes ☐ No	
5.	Dental problems such as missing or extra teeth or severe malocclusion	☐ Yes ☐ No	☐ Yes ☐ No	
6.	Cleft lip known as hair lip	☐ Yes ☐ No	☐ Yes ☐ No	
7.	Cleft palate	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
8.	Learning disability or slow learner	☐ Yes ☐ No	☐ Yes ☐ No	
9.	Intellectual disabilities ☐ mild ☐ moderate ☐ severe Cause, if known:	☐ Yes ☐ No	☐ Yes ☐ No	
10.	Attention Deficit Disorder or Hyperactivity known as ADD or ADHD	☐ Yes ☐ No	☐ Yes ☐ No	
11.	Down syndrome	☐ Yes ☐ No	☐ Yes ☐ No	
12.	Chromosome Abnormality If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
13.	Mental illness such as manic depression, schizophrenia, or nervous breakdown	☐ Yes ☐ No	☐ Yes ☐ No	
14.	Hydrocephalus known as water on the brain	☐ Yes ☐ No	☐ Yes ☐ No	
15.	Microcephaly known as small head	☐ Yes ☐ No	☐ Yes ☐ No	
16.	Patches of hair of different color	☐ Yes ☐ No	☐ Yes ☐ No	
17.	Patches of skin of different color such as white or brown spots	☐ Yes ☐ No	☐ Yes ☐ No	
18.	Birthmarks with an unusual shape, size, or number	☐ Yes ☐ No	☐ Yes ☐ No	
19.	Skin problems such as severe eczema, acne, or other problems	☐ Yes ☐ No	☐ Yes ☐ No	
20.	Bleeding problems or hemophilia	☐ Yes ☐ No	☐ Yes ☐ No	
21.	Sickle cell disease	☐ Yes ☐ No	☐ Yes ☐ No	
22.	Thalassemia known as Mediterranean or Cooley's anemia	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
23.	High blood pressure known as hypertension	☐ Yes ☐ No	☐ Yes ☐ No	
24.	Stroke	☐ Yes ☐ No	☐ Yes ☐ No	
25.	Heart attack or coronary before age 50	☐ Yes ☐ No	☐ Yes ☐ No	
26.	Born with heart defect such as a hole in the heart	☐ Yes ☐ No	☐ Yes ☐ No	
27.	Other heart disease If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
28.	Born with spina bifida or open spine	☐ Yes ☐ No	☐ Yes ☐ No	
29.	Born with anencephaly or missing brain	☐ Yes ☐ No	☐ Yes ☐ No	
30.	Born with dislocated hips or other hip problems	☐ Yes ☐ No	☐ Yes ☐ No	
31.	Dwarfism or short stature	☐ Yes ☐ No	☐ Yes ☐ No	
32.	Scoliosis or spinal curvature	☐ Yes ☐ No	☐ Yes ☐ No	
33.	Unusually formed bones or broken bones not caused by accident	☐ Yes ☐ No	☐ Yes ☐ No	
34.	Unusually formed feet such as extra, missing, or webbed toes	☐ Yes ☐ No	☐ Yes ☐ No	
35.	Unusually formed hands such as extra, missing, or webbed fingers	☐ Yes ☐ No	☐ Yes ☐ No	
36.	Club foot	☐ Yes ☐ No	☐ Yes ☐ No	
37.	Other birth defects If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
38.	Other unusual characteristics If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
39.	Arthritis or joint problems	☐ Yes ☐ No	☐ Yes ☐ No	
40.	Muscular dystrophy	☐ Yes ☐ No	☐ Yes ☐ No	
41.	Muscle weakness	☐ Yes ☐ No	☐ Yes ☐ No	
42.	Loss of muscle control	☐ Yes ☐ No	☐ Yes ☐ No	
43.	Pyloric stenosis or projectile vomiting	☐ Yes ☐ No	☐ Yes ☐ No	
44.	Breast cancer	☐ Yes ☐ No	☐ Yes ☐ No	
45.	Colon cancer	☐ Yes ☐ No	☐ Yes ☐ No	
46.	Ovarian cancer		☐ Yes ☐ No	
47.	Other cancer If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
48.	Cystic fibrosis	☐ Yes ☐ No	☐ Yes ☐ No	
49.	Alzheimer disease	☐ Yes ☐ No	☐ Yes ☐ No	
50.	Huntington disease known as chorea	☐ Yes ☐ No	☐ Yes ☐ No	
51.	Neurofibromatosis	☐ Yes ☐ No	☐ Yes ☐ No	
52.	Multiple schlerosis	☐ Yes ☐ No	☐ Yes ☐ No	
53.	Tay Sachs disease	☐ Yes ☐ No	☐ Yes ☐ No	
54.	Cerebral palsy If yes, was there birth trauma? _____	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
55.	Seizures, convulsions, epilepsy If yes, is medication required? _____	☐ Yes ☐ No	☐ Yes ☐ No	
56.	Childhood diabetes	☐ Yes ☐ No	☐ Yes ☐ No	
57.	Adult diabetes - insulin or non-insulin dependent	☐ Yes ☐ No	☐ Yes ☐ No	
58.	Thyroid disorder – over or under active	☐ Yes ☐ No	☐ Yes ☐ No	
59.	Kidney problems If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
60.	Respiratory or breathing problems such as emphysema	☐ Yes ☐ No	☐ Yes ☐ No	
61.	Asthma	☐ Yes ☐ No	☐ Yes ☐ No	
62.	Allergies or hay fever	☐ Yes ☐ No	☐ Yes ☐ No	
63.	Allergies to foods If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
64.	Allergies to medications or anesthesia If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
65.	Alcohol dependency or any addiction or predisposition to alcohol addiction	☐ Yes ☐ No	☐ Yes ☐ No	
66.	Chemical dependency to drugs or any drug addiction or predisposition to drug addiction	☐ Yes ☐ No	☐ Yes ☐ No	
67.	Weight problems such as obesity or anorexia	☐ Yes ☐ No	☐ Yes ☐ No	
68.	Infertility	☐ Yes ☐ No	☐ Yes ☐ No	
69.	Miscarriages If yes, how many:	☐ Yes ☐ No	☐ Yes ☐ No	
70.	Stillbirths If yes, how many:	☐ Yes ☐ No	☐ Yes ☐ No	

	Medical condition	Birth father	Blood relative	Affected person's relationship to birth father
71.	Neonatal deaths before one month of age	☐ Yes ☐ No	☐ Yes ☐ No	
72.	Infant deaths before one year of age	☐ Yes ☐ No	☐ Yes ☐ No	
73.	Childhood deaths	☐ Yes ☐ No	☐ Yes ☐ No	
74.	Human Immunodeficiency Virus known as HIV positive	☐ Yes ☐ No	☐ Yes ☐ No	
75.	Acquired Immunodeficiency Syndrome known as AIDS	☐ Yes ☐ No	☐ Yes ☐ No	
76.	Frequent infections or immune deficiency	☐ Yes ☐ No	☐ Yes ☐ No	
77.	Sexually transmitted diseases If yes, specify:	☐ Yes ☐ No	☐ Yes ☐ No	
78.	Gynecological problems		☐ Yes ☐ No	
79.	Abnormality of the reproductive organs	☐ Yes ☐ No	☐ Yes ☐ No	

Complete the information for any yes answers to questions 1-79 above.

Question number from above	Age when birth father or blood relative first affected	Comments including: (1) the name of the disorder; (2) period of condition; (3) treatment; and (4) prognosis

Did the birth father consume any drugs, medication, or alcohol at the time of conception of the child placed for adoption? ☐ Yes ☐ No

Has the birth father been told that he is a carrier of a genetic or inherited disease? ☐ Yes ☐ No

If yes, specify the disease and whether the birth father is affected or is a carrier.

Disease:	Birth father is ☐ affected or a ☐ carrier
Disease:	Birth father is ☐ affected or a ☐ carrier
Disease:	Birth father is ☐ affected or a ☐ carrier

List any other potentially inheritable psychological or physical disease, disorder, trait, or tendency of: (1) either birth parent of the child placed for adoption; (2) other children of either birth parent; (3) biological grandparents; or (4) other biological relatives. State the condition and the relationship of the affected person to the child placed for adoption.

Disease or disorder	Affected person's relationship to the child placed for adoption

14. Circumstances leading to adoption

Describe the circumstances leading to this adoption.

List who in the birth father's family is aware of the adoption and describe the person's reaction.

Relationship to birth father	Reaction

The information contained in Section 3. Birth father's medical and social history was provided by:

☐ birth father

☐ other, specify relationship to birth father: _____

☐ other, specify relationship to birth father: _____

☐ other, specify relationship to birth father: _____