connecting hearts
adoption services
connecting hearts. building families.
it's what we do!

Medical Report

A current medical report/physical is required for all prospective adoptive parents. Please make an appointment with your family physician or ob/gyn to have this form completed. Please make sure this form is dated. If you have seen your doctor in the past 60 days, he/she may complete this form on your behalf without the need for another appointment/visit.

If you are prescribed any psychotropic medication or under the care of a psychiatrist or mental health professional, we require a letter from him/her on letterhead regarding diagnosis, medication prescribed and cooperation with treatment.

Medical Report

NAME (Last) (First) (Middle)	BIRTHDATE

CURRENT PHYSICAL EXAMINATION (Within 60 Days of This Form's Completion Date)

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

GENERAL HEALTH STATEMENT

Does the patient have the usual life expectancy? ☐YES or ☐NO

Does the patient have any acute or chronic conditions? ☐YES or ☐NO If yes, please explain.

Were there any recommendations for medical care made to the patient? ☐YES or ☐NO If yes, please state.

Is the patient physically and emotionally able to assume responsibility for adopting a child? ☐YES or ☐NO
If no, please explain.

Has the patient had a problem with drug or alcohol use? ☐YES or ☐NO If yes, please explain giving extent/nature, treatment received, dates and current status.

Has the patient had outpatient or inpatient psychiatric care? ☐YES or ☐NO If yes, please explain, giving extent/nature, dates and current status.

Please indicate any other pertinent medical information <u>including any medication</u> this patient is currently prescribed. Please include name of medication and dosage.

If the examiner has known the patient personally or as a family physician, his or her comments concerning the patient are appreciated.

EXAMINATION DATE:

SIGNATURE OF EXAMINER:

PRINTED NAME OF EXAMINER:

LICENSE NUMBER:

OFFICE ADDRESS:

OFFICE PHONE NUMBER: