

A CHILD'S DREAM

MEDICAL REPORT ON ADOPTIVE/FOSTER PARENTS

To the Physician: A physical examination is requested because this couple is considering adoption/boarding a minor.

Name: _____ Birth Date: _____

MEDICAL HISTORY:

Illnesses & Date: _____

Operations & Date: _____

Hospitalization: _____

Psychiatric Treatment: _____

Accidents: _____

Significant Family History (diabetes, heart disease, hereditary or congenital defects, etc.)

PHYSICAL EXAMINATIONS:

Weight _____ Height _____ Blood Pressure _____ Pulse _____

Condition of Eyes _____ Vision _____

Ears _____ Nose and Throat _____

Teeth & Gums _____ Lungs _____

Heart _____ Breasts _____

Pelvis _____ Abdomen _____

Rectal _____ Extremities _____

Nervous System _____

Endocrine _____

Serological Test for Syphilis _____

Impression of General Health (Does the patient have the usual expectancy of life?)

Was any recommendation for medical care made to the patient? If so, state what:

Is patient on any current medication/ If so, what? _____

Does patient appear to be well balanced emotionally? If not, state nature of problem:

Is this report based on a current examination only, or a longer professional relationship and knowledge? _____

If physician has known patient personally or as a family physician, any comment he wishes to make would be welcome. _____

Date of Exam: _____ Name & Address of Doctor: _____

