

Childhood diseases:

Type	Date	Remarks
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Traumas, accidents, or illnesses requiring medical treatment or hospitalization:

Type	Date	Remarks
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Results of available medical examinations:

Type	Date	Remarks
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Psychological History and results of available psychological examinations, including the dates of evaluation, any diagnosis, and a summary of findings:

Psychiatric history and results of available psychiatric examinations, including the dates of evaluation, any diagnosis, and a summary of findings:

Dental history and results of available dental examinations:

Has the child ever been the victim of physical, sexual, or emotional abuse? If so, please detail that abuse:

II. SOCIAL HISTORY

Information regarding past and existing relationships among child and--

Siblings (names, ages, and present residences):

Extended family members (names, addresses and relation):

Other persons who have had physical possession of or legal access to child (names and addresses):

III. EDUCATIONAL HISTORY

Educational institutions in which child has been enrolled:

Summary of child's performance at such institutions:

Name and results of any educational/standardized tests administered to child:

Summary of special educational needs:

IV.
GENETIC HISTORY

Information Concerning Biological Mother

Name:

Birth date:

Birthplace:

Attainment of developmental milestones, include the age at which she crawled, walked, talked, cut teeth, etc.: (Normal or abnormal? Explain if abnormal.)

Nationality and ethnic background:

Height:

Weight:

Eye color:

Hair color:

Religious background, if any:

Health status at time of placement.

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological mother, including, but not limited to, drug and/or alcohol abuse (stating whether such condition occurred during pregnancy), diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric, or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation

of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Biological Father

Name:

Birth date:

Birthplace:

Attainment of developmental milestones, include the age at which he crawled, walked, talked, cut teeth, etc.: (Normal or abnormal? Explain if abnormal.)

Nationality and ethnic background:

Height:

Weight:

Eye Color:

Hair color:

Religious background, if any:

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological father including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric, or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Maternal Grandmother

Name:

Birth date:

Birthplace:

Nationality and ethnic background:

Height:

Weight:

Eye Color:

Hair color:

Religious background, if any:

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological maternal grandmother, including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Maternal Grandfather

Name:

Birth date:

Birthplace:

Nationality and ethnic background:

Height:

Weight:

Eye Color:

Hair color:

Religious background, if any:

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological maternal grandfather including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Paternal Grandmother

Name:

Birth date:

Birthplace:

Nationality and ethnic background:

Height:

Weight:

Eye Color:

Hair color:

Religious background, if any:

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological paternal grandmother including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Paternal Grandfather

Name:

Birth date:

Birthplace:

Nationality and ethnic background:

Height:

Weight:

Eye Color:

Hair color:

Religious background, if any:

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological paternal grandfather including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

By signature below, the adoptive parents acknowledge receipt of a copy of this report.

Date :

Signature, Adoptive Parent

Signature, Adoptive Parent