

PHYSICAL EXAMINATION OF ADOPTIVE/FOSTER/RELATIVE PARENT

NOTE TO PHYSICIAN: This examination shall confirm that the prospective adoptive/foster/relative parent is free from any communicable disease and is physically & emotionally capable to assume and carry out parental duties.

Mr. or Ms./Mrs. _____ DOB: _____

Address: _____

Current chronic illness or recent surgical operations, significant treatments and give dates: _____

History of treatment for any domestic violence related injuries: _____

Alcoholic beverages consumed (circle one): Never Rarely Moderately Daily

Has the patient ever been treated for alcohol addiction? (circle one) Yes or No
If yes, provide date(s): _____

Has the patient ever been treated for drug addiction? (circle one) Yes or No
If yes, provide date(s): _____

Prescribed Medication(s):
Sedatives (circle one): Never Occasionally Frequently Daily
Tranquilizers (circle one): Never Occasionally Frequently Daily
Sleeping Pills (circle one): Never Occasionally Frequently Daily

Is there any known history of emotional problems which indicates that this person may NOT be able to care for and nurture children? _____

Is there any known history of hereditary disease or abnormality? Might your patient have a reduced life expectancy or might the condition impose limitations on his or her normal daily activities now or in the future? If yes, explain: _____

Is there any reason why this patient cannot have a child of his/her own? Has an operation, x-ray, radium treatment been rendered the patient, which might make him/her sterile? _____

Have there been any pregnancies? ____yes ____ no If yes, how many? _____
If no, what were the patient's attempts to achieve pregnancy? _____

Current or past history of Sexually Transmitted Disease (STD)? ____ yes ____ no
If yes, give diagnosis and date of treatment: _____

Height: _____ Weight: _____ Blood Pressure: _____

Urinalysis Albumen: _____ Sugar: _____

Print address here

Print Name of Physician _____ Signature of examining physician _____ Date _____