



## 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 for Adoption Applicant

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					
1. Does the patient have the usual life expectancy?					
2. Were there any recommendations for medical care made to the patient? If so, please state the recommendations.					
3. Is the patient physically and emotionally able to assume responsibility for adopting a child? [ ] Yes [ ] No If "No", please explain.					
4. Has the patient had a problem with drug or alcohol use? If so, please explain giving extent/nature, treatment received, dates and current status.					
5. Has the patient had outpatient or inpatient psychiatric care? If so, please explain, giving extent/nature, dates and current status.					
6. Please indicate any other pertinent medical information <b>including any medication</b> this patient is currently prescribed. Please include name of medication and dosage.					
7. If the examiner has known the patient personally or as a family physician, his or her comments concerning the patient will be appreciated.					
EXAMINATION DATE:					
SIGNATURE OF EXAMINER:					
PRINTED NAME OF EXAMINER:					
OFFICE ADDRESS:					
OFFICE PHONE NUMBER:					