

HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



Medical Report For Adoption (Confidential)

GENERAL HEALTH EXAMINATION

Instructions: Please conduct a general health examination.

The information you provide will be shared with the patient, adoption agencies, the court, and government authorities.

General Health Status:

Excellent Good Fair Poor Height: _____ Weight: _____

Describe any health problems:

Currently taking medications? _____

If yes, list name, dosage, and frequency of use. _____

List and explain any major surgery, serious illness, injury, hospitalization, mental health treatment etc.

Is this patient free of communicable debilitating diseases?

Yes No If no, please explain _____

Laboratory Finding (if applicable)

Type of test, date, and results _____

Patients name _____

Physician's name _____

Telephone Number _____ Date _____

Physician's Signature _____