

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
BIRTH PARENT MEDICAL INFORMATION**

The purpose of this form is to gather your health history, genetic history, and social background information to share with the adoptive parents. It is important the adoptive family provide this information to the child’s physician. It will become a part of the child’s medical and family history. This form, in its entirety, will be given to the adoptive parent(s). The following information is true and complete to the best of my knowledge and belief.

Birth parent name: _____

Signature: _____ Date: _____

Yes No I agree to release my full name on this form to the adoptive family. If NO is selected then the birth parent’s name shall be redacted on this form.

MOTHER’S PHYSICAL CHARACTERISTICS:

Eyes: _____ Hair: _____ Complexion: _____ Height: _____ Weight: _____

Body build: _____ Race: _____

Nationality/Descent: _____ Blood type: ____ Rh factor: _____

Eye glasses or contact lenses? Yes No

Handedness: Right Left Ambidextrous

Age: _____ Date of birth: _____ Religion: _____

Please list your highest education level, occupation, hobbies, interests, and talents:

Existence of any disabilities? Yes No

If yes, explain:

If you have other children, list them below. Include any children previously placed for adoption.

Describe your relationship with the birth father:

FATHER'S PHYSICAL CHARACTERISTICS:

Eyes: _____ Hair: _____ Complexion: _____ Height: _____ Weight: _____

Body build: _____ Race: _____

Nationality/Descent: _____ Blood type: ____ Rh factor: _____

Eye glasses or contact lenses? Yes No

Handedness: Right Left Ambidextrous

Age: _____ Date of birth: _____ Religion: _____

Please list your highest education level, occupation, hobbies, interests, and talents:

Existence of any disabilities? Yes No

If yes, explain:

If you have other children, list them below. Include any children previously placed for adoption.

PREGNANCY HISTORY INVOLVING THIS CHILD

Month prenatal care began during this pregnancy: _____

Complications during pregnancy: Yes No If yes, explain:

MEDICATION AND OTHER SUBSTANCES USED DURING PREGNANCY OR YEAR PRIOR TO PREGNANCY

	Yes/No	Frequency/Amount During Pregnancy	Frequency/Amount Prior to Pregnancy
Alcohol	Yes No		
Amphetamines	Yes No		
Barbiturates	Yes No		
Cocaine	Yes No		
Heroin	Yes No		
LSD	Yes No		
Marijuana	Yes No		
Caffeine (Coffee, tea, etc)	Yes No		
Prescription drugs	Yes No		
Non-Prescription drugs	Yes No		
Other	Yes No		