

Acres of Hope Liberia, Inc.

Confidential Adoptive Family Member Medical Report

This patient has come to you in response to a request from our adoption agency for a complete report on his/her physical condition. It is important for us to know any health factors that might interfere with this patient's ability to parent/interact with an adopted, foreign-born child. ***Upon completion, the physician's office should mail this form directly to Acres of Hope Liberia, Inc., 29525 Four Corners Store Rd, Mason, WI 54856-2054.*** Thank you.

Patient's name: _____

DOB: _____ Height: _____ Weight: _____ Blood Pressure: ____/____

Please indicate any problems in the following areas by marking an X on the line behind it:

Vision ____ Hearing ____ Heart ____ Lungs ____ Abdomen ____ Neurological ____

Endocrine ____ Thyroid ____ HIV ____ Hepatitis ____ Emotional/Psychiatric ____

Please explain any area you marked above: _____

Chest X-ray or TB Test results normal _____

If counseling is recommended or was recently received, please explain: _____

Are you aware of any factors in the applicant's medical or family medical history which might shorten life expectancy? If so, please explain. _____

Are you aware of any factors which would limit the applicant's ability to care for a child/ren?

Do you feel that the applicant is psychologically equipped for international adoption? Please explain.

Please include any additional comments on the applicant's mental and physical health, ability to care for children, or other issues you feel we should know about. _____

I have reviewed the requested lab results for this patient and testify that the information above is accurate and complete to the best of my knowledge.

Physician's Signature

Printed Name

Date

Address

Phone number