

# HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



## *Medical Report For Adoption (Confidential)*

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### 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 \_\_\_\_\_

