

Family and Medical History

Section 1: Child's Information

A

Name of Child		Birthdate (yyyy/mm/dd)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace:	Time of Birth (if known)
Religion	Has child been confirmed in child's faith? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, give details: _____	
Racial Origin	Ethnic Origin	
If a Registered Indian (Registration Number) <input type="checkbox"/> or not applicable	Band Name	Band Number:
If Metis (Metis settlement name or community)		

- Physical description of child:

- Diagnosed birth or congenital health problems of child:

B Background (if newborn do not complete)

- Provide any information regarding where the child has lived? who parented the child, etc:



- Describe relationship with family or other significant persons:

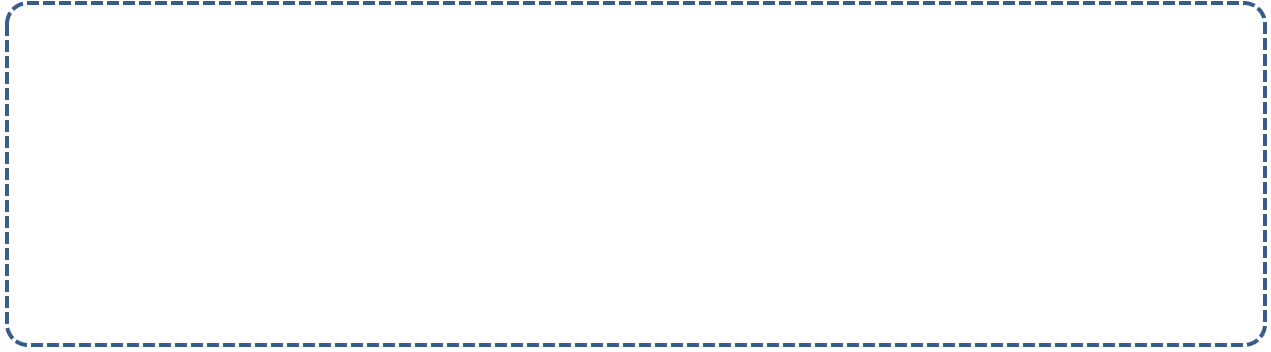


C Development (if newborn do not complete)

- Discuss academic achievement and social adjustment to school:



- Describe any interests, hobbies or participation in sports:



- Provide copies of any psychological or psychiatric assessments which have been completed
- Provide any known information regarding the child's emotional, social, developmental or cognitive functioning



D Personality (if newborn do not complete)

- Discuss child's personality and behavior:



Section 2: Birth Mother's Information

Name of Mother		Birthdate (yyyy/mm/dd)	
Address			
Birthplace		Religion	
Racial Origin		Ethnic Origin	
If Registered Indian (Registration Number:	Band Name:	Band Name:	
If Metis (Metis settlement name or community)			
Marital or adult interdependent relationship status		Physical description	
		_____	_____
		height	weight
		_____	_____
		eye color	hair color
Any unique features			
Education			
Employment			

- Interests

- Personality

- Relationship with family

Other children born to birth mother:

Name:	Birthdate (yyyy/mm/dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Who is caring for these children?		
Birth mother's parents, brothers and sisters:		
Name:	Address:	Birth date (yyyy/mm/dd) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

- Describe any special talents, skills, traits within the family:

- Additional comments of birth father:

Signature of Birth Mother

Section 3: Birth Mother's Medical Information

- Describe the mother's general state of health:

- Describe physical, mental, emotional or medical conditions:

- Describe any treatment obtained for the conditions described above:

- Describe extent of use of any drugs, alcohol or tobacco (including prenatal use):

- Describe prenatal care received by mother:

- Describe any significant physical, mental, emotional or medical conditions within the extended family and treatment obtained:

Section 4: Birth Father's Medical Information

Name of Father		Birthdate (yyyy/mm/dd)	
Address			
Birthplace		Religion	
Racial Origin		Ethnic Origin	
If Registered Indian (Registration Number:	Band Name:	Band Name:	
If Metis (Metis settlement name or community)			
Marital or adult interdependent relationship status		Physical description	
		_____	_____
		height	weight
		_____	_____
		eye color	hair color
Any unique features			
Education			
Employment			

- Interests



- Personality



- Relationship with family



Other children born to birth mother:

Name:	Birthdate (yyyy/mm/dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Who is caring for these children?		
Birth mother's parents, brothers and sisters:		
Name:	Address:	Birth date (yyyy/mm/dd) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

- Describe any special talents, skills, traits within the family:

- Additional comments of birth father:

Signature of Birth Father

Section 5: Birth Father's Medical Information

- Describe the father's general state of health:

- Describe physical, mental, emotional or medical conditions:

- Describe any treatment obtained for these conditions:

- Describe extent of use of any drugs, alcohol or tobacco:

- Describe any significant physical, mental, emotional or medical conditions within the extended family and any treatment obtained:

Section 6: Adoption Information

- Describe the relationship between the birth parents:

- Describe the circumstances surrounding the decision to choose adoption:

- Is a letter, picture or gift being left for the child? Yes No
Please give details

- Have both birth parents been given background information about the adoptive family?

Yes No

Please give details

- Have the birth parents prepared a contact preference? Yes No

If yes, attach the contact preference.

- Is the birth father aware that the child has been placed up for adoption? Yes No

Please give details

- Additional comments of person preparing history:

Prepared by (please print)

Signature

Date (yyyy/mm/dd)

Prepared by (please print)

Signature

Date (yyyy/mm/dd)