

Adoption Search, Contact and Reunion Services
INFORMATION ABOUT THE BIRTH FAMILY
Medical/Family Background Information Update Form

Birthmother: _____ Birthfather: _____

Note: The information contained on this page will be shared with the adult adoptee. Please do not provide any identifying information on this form. If you are open to releasing identifying information you must sign a notarized consent. The form is available by request.

PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Complexion: _____

Hair color: _____ Eye color: _____

General Build: _____

PERSONAL BACKGROUND

What is the highest grade you have completed? _____

How did you do in school? _____

What were your favorite subjects? _____

If you had any learning problems in school, what were they? _____

If you had other training, what type? _____

Present occupation? _____

Briefly describe your personality: _____

What are your interests, and talents (i.e. artistic, mechanical, athletic, science, musical, etc.)?

BIRTH PARENT'S MOTHER

Hair Color: _____ Eye Color: _____ General Build: _____

Race: _____ Ethnic Background: _____

General Health: _____

Level of Education: _____ Occupation: _____

If deceased, age and cause of death: _____

List any known family illness and who it affects:

BIRTH PARENT'S FATHER

Hair Color: _____ Eye Color: _____ General Build: _____

Race: _____ Ethnic Background: _____

General Health: _____

Level of Education: _____ Occupation: _____

If deceased, age and cause of death: _____

List any known family illness and who it affects:

PREGNANCY OF ADOPTED CHILD

In what month did you begin pre-natal care? _____

Describe any special problems you had during pregnancy (i.e. high blood pressure, diabetes, excessive bleeding, kidney, bladder infection, german or three-day measles, or others):

At what age were you when you first started menstruating? _____

Was your child born earlier or later than expected? Earlier Later

If so, how much earlier or later? _____

If you had a Caesarian Section (C-section), why?

If your child had any problems during the labor or soon after birth, please describe:



FAMILY MEDICAL HISTORY Instructions: if you have any of the problems listed below, or have had the problem in the past, place an X next to the problem. If someone else in your family has had the problem, list that person's relationship to you (i.e. aunt, brother, grandmother). If you have more information about the particular problem please provide it at the end of this section.

Issue	Self	Other family members (aunt, brother, son, etc.)
Acne or pimples		
HIV Infection or AIDS		
Alcohol Abuse		
Allergy to food: what kind		
Allergy to other things: what kind?		
Alzheimer's		
Anemia		
Anencephaly (born with no brain)		
Arthritis: where?		
Bed wetting		
Bipolar illness (manic depression)		
Birth defects: what kind?		
Blindness or very poor sight		
Braces on teeth		
Breast cancer		
Bronchitis		
Cancer: Hodgkin's Disease		
Cancer: what kind?		
Chlamydia		
Cleft lip or palate		
Club foot		
Colitis		
Color blindness		
Crohn's Disease		
Cystic Fibrosis		
Dental problems: what kind?		
Deafness or hearing problems		

Issue	Self	Other family members (aunt, brother, son, etc.)
Diabetes in childhood		
Diabetes starting in adulthood		
Down's Syndrome		
Drug abuse		
Dwarfism or very short height		
Ear Infections		
Eczema		
Emphysema		
Epilepsy or seizures		
Eye problems		
Genital warts		
Very tall height		
Glasses: what for?		
Glaucoma		
Gynecological (female): what kind?		
Gonorrhea		
Headaches or migraines		
Heart attack or heart problems		
Hemochromatosis (excess iron)		
Hemophilia or bleeding		
Hepatitis (Type A, B or C)		
Herpes		
Hives		
High blood pressure		
Huntington's Chorea		
Infertility (difficulty getting pregnant)		
Irritable Bowel Syndrome (IBS)		
Jaundice (yellow skin)		
Kidney disease		
Learning problems or disabilities		
Left-handed		
Liver disease		
Lung problem		

Issue	Self	Other family members (aunt, brother, son, etc.)
Lupus		
Mental illness: what kind?		
Mental retardation		
Miscarriages		
Muscular Dystrophy		
Weight issues (under or overweight)		
Osteoporosis (porous/brittle bones)		
Paralysis		
Phenylketonuria (PKU)		
Rectal or intestinal polyps		
Rheumatic fever		
Schizophrenia		
Serious depression		
Sickle cell anemia		
Sinus infections		
Skin disease		
Spina bifida		
Speech problems: what kind?		
Stillbirths		
Stomach problems: what kind?		
Strokes		
Suicide		
Surgery: what kind?		
Syphilis		
Tay-Sachs disease		
Thalassemia (red blood cell disorder)		
Thyroid problems		
Tuberculosis		
Twins or multiple births		
Ulcers		
Varicose veins		
Wilson's Disease		
Other:		

Please add any additional information that you would like to share:
