

**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**

|                             | <b>Yes/No</b> | <b>Frequency/Amount During Pregnancy</b> | <b>Frequency/Amount Prior to Pregnancy</b> |
|-----------------------------|---------------|--|--|
| 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        |  |  |