

REPORT OF PHYSICIAN ATTENDING BIRTH OF CHILD PLACED FOR ADOPTION

RETURN TO:

I. MOTHER

1. NAME

2. GENERAL HEALTH AND PHYSICAL CONDITION

3. MENTAL HEALTH AS OBSERVED

4. HISTORY OF HEREDITARY DISEASE OR ABNORMALITY

5. BLOOD SEROLOGY: _____ DATE _____ NEGATIVE POSITIVE

6. COMPLICATIONS OF PREGNANCY OR DELIVERY (SPECIFY)

II. CHILD

GENERAL HEALTH AND PHYSICAL CONDITION

1. A. AT TIME OF DELIVERY	FULL TERM	PREMATURE	BIRTH WEIGHT
	<input type="checkbox"/>	<input type="checkbox"/>	
DEFECTS	BIRTH INJURY		LENGTH AT BIRTH
B. SIGNIFICANT FINDINGS DURING HOSPITAL STAY			

2. BLOOD SEROLOGY: IF INDICATED

3. A. PHENYKLETONURIA (SPECIFY TEST)	DATE	RESULT
B. EXEMPTION: REASON		
<input type="checkbox"/> RELIGIOUS <input type="checkbox"/> MEDICAL	REPORT OBTAINED	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. GENERAL HEALTH AND PHYSICAL CONDITION AT DISCHARGE

III. RECOMMENDATIONS

1. MOTHER

2. CHILD

ATTENDING PHYSICIAN	DATE
ADDRESS OF ATTENDING PHYSICIAN	TELEPHONE NO.

(DO NOT USE REVERSE SIDE)