Biological Mother's Social & Medical History

Instructions for Completion:
*Please print clearly using dark ink.
*Complete all items. If you do not know the answer, please indicate "unknown," or if it does not apply, please indicate "n/a."

IDENTIFYING INFORMATION

Your Full Name (first, middle, last):_____ Maiden Name:_____

Current Physical Address:_____

Home #:_____ Cell #:_____ Work #:_____

Can we leave an identifying message? ☐ Yes ☐ No

Email Address: _____

Social Security #: _____ Date & Place of Birth: _____

Driver's License/ID Card #:_____ State:_____ Expiration: _____
Please provide a copy of your Driver's License or ID Card.

Emergency Contact Name/Relationship: _____ Phone #: _____

PHYSICAL DESCRIPTION

Race (check all that apply): ☐ Caucasian ☐ Hispanic ☐ Asian ☐ African American
☐ Pacific Islander ☐ Native American ☐ Other: _____

Ethnicity/Nationality (ex. French, Irish, etc.): _____ U.S. Citizen? ☐ Yes ☐ No

Height: _____ Pre-pregnancy Weight: _____ Body Structure: _____

Eye Color: _____ Hand Dominance: ☐ Right ☐ Left ☐ Ambidextrous

Complexion: ☐ Fair ☐ Olive ☐ Tan ☐ Dark ☐ Other: _____

Natural Hair Color: ☐ Blonde ☐ Brown ☐ Red ☐ Other: _____

Hair Texture: ☐ Straight ☐ Curly ☐ Wavy ☐ Other: _____

PREGNANCY INFORMATION

Due Date: _____ ☐ Single ☐ Twins ☐ Triplets Baby's Gender: ☐ Boy ☐ Girl ☐ Unknown

Baby's Race (check all that apply): ☐ Caucasian ☐ Hispanic ☐ Asian ☐ African American
☐ Pacific Islander ☐ Native American ☐ Other: _____

When and how did you first find out you were pregnant? _____

_____

When and where (city, state) did you get pregnant? _____

Have you ever worked with another adoption agency or lawyer? ☐ Yes ☐ No
If yes, who and when? _____

Have you taken any medications during this pregnancy? ☐ Yes ☐ No
If yes, what medication, when and how often? _____

PREGNANCY INFORMATION (continued)

Have you been involved in any accidents during this pregnancy? ☐ Yes ☐ No

If yes, please explain:_____

Have you had any complications with this pregnancy? ☐ Yes ☐ No

If yes, please explain:_____

Have you had X-ray, EKG, or radiation exposure during this pregnancy? ☐ Yes ☐ No

If yes, please explain:_____

Is this your first pregnancy? ☐ Yes ☐ No If no, how many prior pregnancies? _____

If applicable, did you have any complications during your prior pregnancies or births? ☐ Yes ☐ No

If yes, please explain:_____

If applicable, did you have any premature deliveries, go past your due date or require a c-section? ☐ Yes ☐ No

If yes, please explain:_____

With whom do you currently live?_____

Do they know about your pregnancy? ☐ Yes ☐ No

Do they know about your adoption plans? ☐ Yes ☐ No

Are they supportive of your adoption plans? ☐ Yes ☐ No

Describe your feelings and reasons why you are placing your child for adoption: _____

_____

_____

What concerns and fears do you have about adoption?

_____

_____

On a scale of 1 to 10, with 1 representing a mild curiosity about the adoption process and 10 representing an absolute resolve to place your baby for adoption, where would you consider yourself at this time? _____

PRENATAL CARE

Are you receiving prenatal care? ☐ Yes ☐ No If yes, when was your first appointment? _____

Doctor Name and/or Clinic Name:_____

Address: _____

Phone #: _____ Fax #: _____

Does your doctor/clinic know about your adoption plan? ☐ Yes ☐ No

List any other doctors, hospitals, or medical providers who have treated you during this pregnancy: _____

_____

_____

HOSPITAL INFORMATION

Which Hospital will you be delivering? _____

Address: _____

MEDICAID/INSURANCE

Please provide a copy of the front and back of your Medicaid or Insurance Card.

Do you have Medicaid? ☐ Yes ☐ No If yes, what is your Medicaid number? _____

If yes, when did your benefits begin? _____ What county issued your Medicaid? _____

Do you have private medical insurance coverage? ☐ Yes ☐ No

If yes, who is the insurance company? _____ Primary Insured: _____

Group #: _____ Member #: _____ Co-Payments: _____

If you do not currently have medical insurance, are you willing to apply for Medicaid? ☐ Yes ☐ No

NATIVE AMERICAN INDIAN TRIBAL MEMBERSHIP

Do you have any Native American heritage? ☐ Yes ☐ No

Do you qualify to be a member or are you currently a member of any Native American tribe? ☐ Yes ☐ No

If yes, please indicate the name of the tribe, its location and your registration or identification number:

_____

Do you currently or have you ever lived on an American Indian reservation? ☐ Yes ☐ No

Are any of your relatives members or qualify to be members of any Native American Indian tribes? ☐ Yes ☐ No

If you checked yes to any of the questions in this section, please list the name (including maiden/former names) of each relative with any Indian affiliation, date of birth, current address, registration number and the name and location of their tribe. Also state if the relative has ever lived on an Indian reservation. _____

_____

_____

CONTACT WITH THE ADOPTIVE FAMILY

Do you want to select the adoptive family? ☐ Yes ☐ No ☐ Undecided

Do you want pictures/letter updates from the family after the adoption? ☐ Yes ☐ No ☐ Undecided

If yes, how often and for how long? _____

Do you want to meet the adoptive family at the time of placement? ☐ Yes ☐ No ☐ Undecided

If it is possible, do you want to meet the adoptive family prior to the birth of the child? ☐ Yes ☐ No ☐ Undecided

Please initial your selections below:

Do you authorize us to disclose your name, address, phone # and email to the adoptive parents? Yes ___ No ___

Do you authorize us to disclose a picture of you to the adoptive parents? Yes ___ No ___

Please include any additional characteristics or preferences you would like to see in an adoptive family:

_____

_____

EMPLOYMENT & EDUCATION HISTORY

Current Occupation/Job:_____

Did you graduate High School? ☐ Yes ☐ No If no, what was the highest grade level completed? _____

Have you attended college or had any technical school training? ☐ Yes ☐ No

If yes, details: _____

What are your educational goals? _____

_____

Hobbies & Interests: _____

YOUR CHILDREN

How many children do you have? _____ Do they currently live with you? ☐ Yes ☐ No

If they do not live with you, please explain: _____

	1	2	3	4
Name				
Date of Birth				
Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Full/half sibling to the adoptee?	☐ Full ☐ Half	☐ Full ☐ Half	☐ Full ☐ Half	☐ Full ☐ Half
If deceased, age & cause.				
Height & Weight				
Natural Hair Color				
Eye Color				
Complexion				

Check this box ☐, if additional children are listed on the back of this page.

BIOLOGICAL FATHER INFORMATION

Do you know the identity of the biological father? ☐ Yes ☐ No

Is there more than one potential father? ☐ Yes ☐ No If yes, please answer all questions below as to each man.

Biological Father's Race (check all that apply): ☐ Caucasian ☐ Hispanic ☐ Asian ☐ Pacific Islander
☐ African American ☐ Native American ☐ Other: _____

Biological Father's Name (First, Middle, Last, Sr./Jr.):_____

His Current Address:_____

His Date of Birth: _____ His Social Security #: _____

His Current Phone # (cell, home and work): _____

His Email: _____

BIOLOGICAL FATHER INFORMATION (continued)

His Driver's License/ID Card #:_____ State:_____ Expiration: _____

If any of the previous information about the birth father is unknown, please provide the following:

Last known Address: _____

Last known Phone #: _____ Last known Email: _____

Last known Place of Employment: _____

His Facebook/MySpace/Other Social Media Contact Information: _____

Names, addresses, and phone # of any friends or relatives who may know his identity or current whereabouts (i.e. friends, parents, siblings, aunts/uncles, cousins, nieces/nephews, grandparents): _____

_____

_____

_____

Why is his address/contact information unknown to you? _____

_____

_____

Is the biological father in any branch of the Armed Services of the United States? ☐ Yes ☐ No

If yes, please list what branch and his last known location: _____

Is he also the father of any of your other children? ☐ Yes ☐ No

If yes, what are the children's names: _____

Does he know about the pregnancy? ☐ Yes ☐ No

If yes, when and where did he learn of the pregnancy? _____

Does he know about your adoption plan? ☐ Yes ☐ No Does he agree with the adoption? ☐ Yes ☐ No

When and where did you tell him about the adoption plan? _____

Will he sign papers to place the child for adoption? ☐ Yes ☐ No ☐ Unknown

If no or unknown, please explain why: _____

How and when did you meet the biological father? _____

Please describe the nature and length of your relationship with the biological father. If you are no longer together, please state when the relationship ended and why. _____

_____

_____

Date of your last physical contact with the biological father? _____

Date of your last phone call, text or email contact with the biological father? _____

Are you involved in any litigation with the biological father? ☐ Yes ☐ No

If yes, please list the type of action, where it was filed and the names of the lawyers involved:_____

_____

BIOLOGICAL FATHER INFORMATION (continued)

Is there any litigation pending regarding this child (custody, paternity, etc.)? ☐ Yes ☐ No

If yes, please list the type of action, where it was filed and the names of the lawyers involved:_____

_____

Has he ever filed a petition to be declared the father of the child in any Court or otherwise been identified to be the father of the child? ☐ Yes ☐ No If yes, what Court and when? _____

Has the birth father lived with you before or during the pregnancy? ☐ Yes ☐ No

If yes, list all dates and timeframes that you lived together: _____

Has he given or offered any financial support during this pregnancy? ☐ Yes ☐ No

If yes, explain in detail:_____

Has he given or offered any emotional support during this pregnancy? ☐ Yes ☐ No

If yes, explain in detail:_____

Has he given or offered any physical support to you during this pregnancy (i.e. rides to the doctor's office, attended doctor's appointments, taken you to the grocery store)? ☐ Yes ☐ No

If yes, explain in detail:_____

Has he ever been verbally or emotionally abusive toward you, before or during the pregnancy? ☐ Yes ☐ No

If yes, explain in detail:_____

Has he ever been physically abusive toward you, before or during the pregnancy? ☐ Yes ☐ No

If yes, explain in detail:_____

Have you ever called the police or filed a restraining order against him? ☐ Yes ☐ No

If yes, explain in detail:_____

Were you living with any other man at the time when conception of the child may have occurred? ☐ Yes ☐ No

If yes, what is his name? _____ Could he be the biological father? ☐ Yes ☐ No

Why or why not? _____

Do you have a current boyfriend? ☐ Yes ☐ No If yes, what is his name? _____

Could he be the biological father? ☐ Yes ☐ No

Why or why not? _____

Please provide a detailed description of any man/men you believe could be the biological father of the child:

	Name	Age	Race	Height	Weight	Eye Color	Complexion	Hair Color	Hair Texture	Build
#1										
#2										
#3										

MARITAL STATUS

If you were married at any time during your pregnancy and your husband is NOT the biological father of this baby, the court needs to terminate his parental rights to this child. For this reason, it is important that you provide the following detailed information.

Current Marital Status: ☐ Never married ☐ Married ☐ Separated ☐ Divorced

If you have ever been married, please provide the following:

Full Name of Husband:_____

His Current/Last Known Address: _____

His Current/Last Known Phone #: _____

His Current/Last Known Email Address: _____

His Social Security #: _____ His Date of Birth: _____

His Physical Description: Age: _____ Race: _____ Height: _____ Weight: _____ Build: _____

Complexion: _____ Eye Color: _____ Hair Color: _____ Hair Texture: _____

Date of Marriage: _____ Place (city, state) of Marriage:_____

If Divorced, date & place (city, state) of Divorce:_____

Does he know about the pregnancy? ☐ Yes ☐ No If yes, when did you tell him? _____

Does he know of your adoption plan? ☐ Yes ☐ No Does he agree with your adoption plan? ☐ Yes ☐ No

Will he sign papers to place the child for adoption? ☐ Yes ☐ No ☐ Unknown

If no or unknown, please explain why: _____

Have you had any other marriages prior to the one above? ☐ Yes ☐ No If yes, how many? _____

YOUR FAMILY HISTORY

Are you adopted? ☐ Yes ☐ No	Your Biological Mother	Your Biological Father
Name		
Date of Birth		
If deceased, age and cause.		
Race/Ethnicity		
Height & Weight		
Natural Hair Color & Texture		
Eye Color		
Complexion		
Education Level Completed		
Current Occupation		
Hobbies/Interests		
Are they aware of your pregnancy?	☐ Yes ☐ No	☐ Yes ☐ No
Are they aware of your adoption?	☐ Yes ☐ No	☐ Yes ☐ No
Are they supportive?	☐ Yes ☐ No	☐ Yes ☐ No

YOUR BIOLOGICAL SISTERS & BROTHERS

Are you a (check only if applicable): ☐ Fraternal Twin ☐ Identical Twin ☐ Triplet ☐ Other Multiple Birth

Total # of siblings: _____	1	2	3	4
Name				
Gender	☐Male ☐Female	☐Male ☐Female	☐Male ☐Female	☐Male ☐Female
Full or Half Sibling to you?	☐ Full ☐ Half	☐ Full ☐ Half	☐ Full ☐ Half	☐ Full ☐ Half
Date of Birth				
If deceased, age and cause.				
Race/Ethnicity				
Height & Weight				
Natural Hair Color & Texture				
Eye Color				
Complexion				
Education Level Completed				
Current Occupation				
Hobbies/Interests				
Are they aware of your pregnancy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they aware of your adoption?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they supportive?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

List information on additional siblings below:

YOUR FAMILY MEDICAL HISTORY

Please indicate if you or your family has any of the following medical history by checking the appropriate boxes below. For any condition checked "Yes," please provide specific details about the cause, treatment and age of onset, as applicable. If any condition resulted in a relative's death, please note the age at which they died.

	Self	Relative	If yes, please provide the cause, treatment and age of onset, as applicable.
Congenital Heart Defect	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Fetal Drug Exposure	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Fetal Alcohol Syndrome	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Turner's Syndrome	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Down's Syndrome	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hydrocephalus	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Spina Bifida	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cerebral Palsy	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Clubbed Foot	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cleft Palate	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cleft Lip/Harelip	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Scoliosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Anemia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hemophilia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Leukemia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Sickle Cell Trait	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Sickle Cell Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hepatitis A, B, or C (specify)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Lou Gehrig's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Huntington's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Multiple Sclerosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Neurofibromatosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Parkinson's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Tay-Sachs Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Muscular Dystrophy	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cystic Fibrosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Emphysema	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Tuberculosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
High Blood Pressure	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Coronary Heart Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	

YOUR FAMILY MEDICAL HISTORY (continued)

	Self	Relative	If yes, please provide the cause, treatment and age of onset, as applicable.
Heart Murmur	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Anorexia/Bulimia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Breast Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cervical Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Ovarian Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Uterine Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Prostate Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Lung Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Stomach Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Liver Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Colon Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Melanoma/Skin Cancer	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hodgkin's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Other Cancer (specify type)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Benign Tumor(s)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Periodontal Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Gingivitis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Overbite/Underbite	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Dentures	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Mental Retardation	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Attention Deficit Disorder	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hyperactivity	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hearing Impaired	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Speech Impaired	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Learning Disability	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Emotionally Disturbed	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Autism	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Alzheimer's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Depression	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Suicidal	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Psychosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Schizophrenia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	

YOUR FAMILY MEDICAL HISTORY (continued)

	Self	Relative	If yes, please provide the cause, treatment and age of onset, as applicable.
Manic Depressive/Bipolar	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Multiple Personality Disorder	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Slipped Disk(s)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Pinched Nerve(s)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Rheumatoid Arthritis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Juvenile Arthritis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Osteoporosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Paralysis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Dwarfism	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Psoriasis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Eczema	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Blindness	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Glaucoma	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Near Sighted	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Far Sighted	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Color Blindness	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Lazy Eye	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Crossed Eyes	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Cataracts	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Epilepsy/Seizures	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Tourette's Syndrome	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Gonorrhea	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Chlamydia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Syphilis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Herpes	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
HPV	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Pelvic Inflammatory Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
HIV/AIDS	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Thyroid Disorder/Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Diabetes (specify type)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Crohn's Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Lyme Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	

YOUR FAMILY MEDICAL HISTORY (continued)

	Self	Relative	If yes, please provide the cause, treatment and age of onset, as applicable.
Gall Stones	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Gall Bladder Problems	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Lupus	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Kidney Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Liver Disease	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Kidney Stones	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Congestive Heart Failure	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Stroke	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Heart Attack	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
High Cholesterol	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hypoglycemia	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Obesity	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Malnutrition	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Ulcers	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Colitis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Endometriosis	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Multiple Births (twins/triplets)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Premature Births	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
SIDS	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Infertility	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Menstrual Problems	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
How old were you when you started your period?	_____ years old	How many days does it last? _____	
Asthma	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Food Allergies	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Drug Allergies	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Hay Fever/Seasonal Allergies	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Other (specify)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Other (specify)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Other (specify)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	
Other (specify)	☐ Yes ☐ No	☐ Yes ☐ No If yes, who? _____	

CONFIDENTIAL DRUG & ALCOHOL USAGE

Please be very specific as to any drugs or alcohol used during your pregnancy, including the number of times and the dates of usage. This information is very important for the protection of your child's health. This information will be shared confidentially with the adoptive family and the child's pediatrician.

	During this Pregnancy?	Within 1 year prior to Pregnancy?	What Type & How Often?
Alcohol	☐ Yes ☐ No	☐ Yes ☐ No	
Cigarettes/Nicotine	☐ Yes ☐ No	☐ Yes ☐ No	
Caffeine	☐ Yes ☐ No	☐ Yes ☐ No	
Diet Pills	☐ Yes ☐ No	☐ Yes ☐ No	
Marijuana	☐ Yes ☐ No	☐ Yes ☐ No	
Cocaine/Crack	☐ Yes ☐ No	☐ Yes ☐ No	
Anti-Depressants	☐ Yes ☐ No	☐ Yes ☐ No	
Hallucinogens	☐ Yes ☐ No	☐ Yes ☐ No	
Inhalants	☐ Yes ☐ No	☐ Yes ☐ No	
Ecstasy	☐ Yes ☐ No	☐ Yes ☐ No	
Heroin	☐ Yes ☐ No	☐ Yes ☐ No	
Tranquilizers	☐ Yes ☐ No	☐ Yes ☐ No	
Methadone	☐ Yes ☐ No	☐ Yes ☐ No	
Suboxone/Subutex	☐ Yes ☐ No	☐ Yes ☐ No	
Methamphetamines	☐ Yes ☐ No	☐ Yes ☐ No	
Xanax	☐ Yes ☐ No	☐ Yes ☐ No	
Valium	☐ Yes ☐ No	☐ Yes ☐ No	
Ritalin/Adderall	☐ Yes ☐ No	☐ Yes ☐ No	
Hydrocodone/Vicodin	☐ Yes ☐ No	☐ Yes ☐ No	
Oxycodone/Percoset	☐ Yes ☐ No	☐ Yes ☐ No	
Klonopin/Ativan	☐ Yes ☐ No	☐ Yes ☐ No	
Codeine/Morphine	☐ Yes ☐ No	☐ Yes ☐ No	
Other (be specific)	☐ Yes ☐ No	☐ Yes ☐ No	

Please list any other prescription drugs or medications that you have taken during this pregnancy:

Name: _____ Prescribed For: _____

How Much & How Often? _____

Please list any other non-prescription/over-the-counter drugs or medications that you have taken during this pregnancy:

Name: _____ Taken For: _____

How Much & How Often? _____

Please list any other pertinent medical information that was not covered in this form: _____

_____

_____

_____

_____

Please list any additional comments, concerns or questions you may have that we may be able to assist you with:

_____

_____

_____

_____

I represent that the information contained in the Biological Mother's Social and Medical History is true and accurate. I acknowledge that the adoptive family and other parties will rely on this information in making a determination to proceed with the anticipated adoption and the court will rely on this information during the adoption related proceedings. I hereby waive any claim of privilege and agree that the information contained on this form and any information provided by myself, my counselors and my physicians may be given to the attorneys for adoptive parents, adoptive parents, agency for adoptive parents, attorneys for adoption agency, court in connection with adoption, Interstate Compact on the Placement of Children, other attorneys and adoption entities, and other state officials, including law enforcement authorities, through all communication medium.

I further understand that I am entering into a program that places children for adoption and any false statements may be viewed as perjury and in violation of penal laws of my state and may subject me to criminal and/or civil penalties under the law. I also understand that it is unlawful for a parent, with the intent to defraud, to accept benefits related to the same pregnancy from more than one adoption entity without disclosing that fact to each entity.

In my written and verbal communications in connection with my adoption plan, I have not provided any false or misleading information of any kind including information concerning myself, the biological father or the background or medical history of my family.

I hereby authorize the Adoption Entity to make inquiry about the truthfulness of the statements made in this document and the circumstances of this placement with other medical, legal and adoption professionals through all communication medium.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in the document are true, and acknowledge that a copy of this document is as effective as an original for all purposes.

_____ _____

Biological Mother's Signature Date

BIRTH MOTHER
LIVING EXPENSE DISCLOSURE

This form is to identify the expenses for which "you", as the birth mother, are seeking assistance.
If assistance is needed, copies of the bills are helpful and may be required.

Birth Mother's Name: _____ Due Date: _____

MONTHLY EXPENSES (List amount of each monthly expense as accurately as possible):

Rent: _____ Number of Adults living in the home: _____

Name of Landlord/Property Manager: _____

Phone number for Landlord/Property Manager: _____

Food & Toiletries: _____

Utilities (Electric, Gas, Water): _____

Phone: _____

Transportation: _____

Will you need assistance with maternity clothes? ☐ Yes ☐ No

Do you receive AFDC/Welfare or any other sources of income at the present time? ☐ Yes ☐ No

Explain (amount & frequency): _____

☐ WIC ☐ Cash Assistance ☐ SSI or SSD ☐ Food Stamps ☐ Child Support

Acknowledgement: Accepting living expenses from adoptive parents without the intention to place the child for adoption may be considered adoption fraud, punishable by law. It is also illegal to accept assistance related to the same pregnancy from more than one adoption entity without disclosing that fact to each entity. By my signature below, I understand this disclosure and declare the information listed above is true and correct.

_____ _____

Biological Mother's Signature Date