

ADOPTION COUNSELING SERVICES, INC.

2185 Wickersham Lane
Germantown, TN 38139
(901) 753-9089

Medical Report to ADOPTION COUNSELING SERVICES, INC.

Name _____

MEDICAL HISTORY

Medical, Surgical, Psychiatric Illnesses (include that requiring hospitalization or extensive care.) _____

PHYSICAL EXAM

Height: _____ Weight: _____ BP: _____ Pulse: _____

HEENT: _____

Chest: _____

Cardiovascular: _____

Abdomen: _____

Extremities: _____

Neurologic: _____

WIFE'S RELATIVES
(Father, Mother, Brothers, & Sisters)

FATHER'S NAME AGE ADDRESS/ZIP OCCUPATION

MOTHER'S NAME AGE ADDRESS/ZIP OCCUPATION

TOTAL NUMBER OF CHILDREN: _____

CHILDREN'S NAME AGE ADDRESS/ZIP OCCUPATION

NAMES AND ADDRESSES OF THREE PERSONS AS REFERENCES
(Relatives' names should not be given and reference letters will be sent to employers and grandparents)

I GIVE ADOPTION COUNSELING SERVICES INC. PERMISSION TO CONTACT THE FOLLOWING REFERENCES:

NAME/TITLE

COMPLETE ADDRESS

SIGNATURES:

DATE:
