



A Center for Adoption Services

602 Alder Ave NE
Bainbridge Island, WA 98110
206.954.5253
Dru@DruGroves.org
www.DruGroves.org

Child Medical Report

Name of Physician: _____ Date: _____

Address of Physician: _____

Please return to: **A Center for Adoption Services, 602 Alder Ave NE, Bainbridge Island, WA 98110 – 206.780.1972 – Fax 206.780.1817**

A Center for Adoption Services requests a medical report on _____
We need to know if this child has been seen regularly by you, and whether there is any evidence of any physical problems or issues of which we should be aware.

MEDICAL HISTORY: _____

UPDATE ON IMMUNIZATIONS: _____

ILLNESSES: _____

COMMENTS OR IMPRESSIONS: _____

I authorize my physician to release information
to A Center for Adoption Services

ADOPTIVE APPLICANT'S SIGNATURE

(Please use back side for additional space.
We appreciate your comments.)

PHYSICIAN'S SIGNATURE

PRINT NAME OF PHYSICIAN

DATE

Please scan and email to dru@drugroves.org