



# A Center for Adoption Services

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[www.DruGroves.org](http://www.DruGroves.org)

## Adoptive Applicant Medical Report

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Please return to the adoptive applicant.

A Center for Adoption Services requests a medical report on \_\_\_\_\_

We need to know if this person has any chronic, contagious or disabling illness that would interfere with the proper care of a child or children.

Is the patient taking any medication? For what purpose?

Significant Past Medical History:

Current Medical Diagnosis:

Prognosis:

Comments or Impressions:

Does the adoptive applicant have any physical, mental or psychological conditions that would affect the upbringing of a child?

Is the adoption applicant's state of health suitable for raising a child?

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Physician: \_\_\_\_\_

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

\_\_\_\_\_  
Adoptive Applicant's Signature

\_\_\_\_\_  
Date