



Bright Futures Adoption Center

Birth Family Medical Information

As part of making an adoption plan for your child it is extremely important to provide your child and the adoptive parents of your child with as much information as possible about your medical and health history. This information will be kept in your files and passed on to the adoptive parents of your child to become part of your child's medical history. Since none of us knows what the future may bring and when your child's life may depend on this information, please take time to indicate whether you or any blood relative (including your mother, father, sisters, brothers, grandparents, aunts, uncles, and children) has had or now has any of the medical conditions listed below. If you are not sure whether you or your blood relatives have had any of the following conditions, please discuss this form with your doctor or someone in your family who supports your decision to make an adoption plan for your child.

Name: _____
(Please Print)

Birthmother

Birthfather

(Please check one)

Medical Condition	No	Yes (Self or Relative)	If a relative has this condition, please describe that person's relationship to you	Details of Medical Condition (age at onset, treatment, outcome)
Addison's Disease (adrenal insufficiency)				
Alcoholism/Heavy Drinking				
Allergies/ Hay Fever				
Allergies/Food				
Allergies/Drug				
Alzheimer's Disease				
Anemia				
Angina (chest pain)				
Anorexia				
Anxiety/Panic Attacks				
Arteriosclerosis (harden- ing of the arteries)				
Arthritis				
Asthma				
Attention Deficit Disorder				
Autism				
Back Problems (including scoliosis, slipped disk, pinched nerve)				

**5 Broadview Street, Acton, MA 01720, 978-263-5400 (phone),
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Medical Condition	No	Yes (Self or Relative)	If a relative has this condition, please describe that person's relationship to you	Details of Medical Condition (age at onset, treatment, outcome)
Birth Defects				
Blindness				
Bone Disease				
Bulimia				
Cancer – Breast				
Cancer – Colon				
Cancer – Hodgkin's Disease				
Cancer – Leukemia				
Cancer – Lung				
Cancer – Melanoma				
Cancer – Other				
Cataracts				
Cerebral Palsy				
Chlamydia				
Chrohn's Disease				
Cleft Palate/Harelip				
Club Foot or other orthopedic conditions				
Colitis				
Cystic Fibrosis				
Congenital Heart Defect/Disease				
Deafness/Hearing Impairment				
Dental Condition (such as periodontal disease)	---			
Depression				
Diabetes				
Digestive Problems				
Down's Syndrome				
Drug Use/Abuse				
Dyslexia				
Ear Infections (chronic)				
Emotional Problems				
Emphysema				
Endometriosis				

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Epilepsy				
Fevers (repeated)				
Gall Stones				
Glasses (please indicate nearsighted, farsighted)				
Glaucoma				
Gonorrhea				
Medical Condition	No	Yes (Self or Relative)	If a relative has this condition, please describe that person's relationship to you	Details of Medical Condition (age at onset, treatment, outcome)
Gynecological Problems				
Headaches (migraines)				
Heart Attack				
Heart Murmur				
Hemochromotosis (too much iron in the body causing organ malfunction)				
Hemophilia				
Hepatitis				
Herpes				
Hiatus Hernia				
High Blood Pressure				
High Cholesterol				
HIV Positive				
HIV/AIDS				
Hives				
Hormone Disorder				
Huntington's Chorea (genetic condition of uncontrollable moving of arms/legs)				
Hydrocephalus (water in the brain causing neurological problems)				
Hyperactivity				
Infertility				
Jaundice				
Kidney Disease				
Kidney Stones				

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Learning Disability				
Liver Disease (Cirrhosis or other liver abnormalities)				
Lou Gehrig's Disease (ALS)				
Lung Problems				
Lupus				
Lyme Disease				
Malformation				
Malnutrition				
Mental Illness (schizophrenia, manic depressive, psychosis etc.)				
Medical Condition	No	Yes (Self or Relative)	If a relative has this condition, please describe that person's relationship to you	Details of Medical Condition (age at onset, treatment, outcome)
Mental Retardation				
Microcephalus (small brain)				
Miscarriage				
Multiple Births				
Multiple Sclerosis				
Muscular Dystrophy				
Obesity				
Obsessive/Compulsive Disorder				
Osteoporosis				
Ovarian Cysts				
Paralysis (or other crippling disorder)				
Parkinson's Disease				
Pelvic Inflammatory Disease				
Phenylketonuria (PKU) – too much amino acids causing mental retardation and growth problems				

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Premature Births				
Rectal or Intestinal Polyps				
Sickle Cell Anemia				
SIDS (Sudden Infant Death Syndrome)				
Skeletal Abnormalities (dwarfism, hunchback, malformed or missing limbs)				
Skin Problems (such as acne, eczema, psoriasis)				
Speech Problems (stutters, delayed language development)				
Spina Bifida				
Still Birth				
Stomach Disorder				
Stroke				
Suicide				
Syphilis				
Tay Sachs Disease				
Thalassemia Minor				
Medical Condition	No	Yes (Self or Relative)	If a relative has this condition, please describe that person's relationship to you	Details of Medical Condition (age at onset, treatment, outcome)
Thalassemia Major				
Thyroid Disorder				
Tourettes Syndrome				
Tuberculosis				
Tumors				
Turner's Syndrome				
Ulcers				
Urinary Tract Condition				
Varicose Veins				
Venereal Disease				
Wilson's Disease (mental and visual problems)				
Hospitalizations (besides				

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for routine childbirth)				
Operations				
Injuries				
Are there any other conditions you or other members of your family have or have had?				

Is there any other medical or health information about you or your family that may be helpful to your child in the future? If so, please write below or attach a separate piece of paper.

The information set forth above is the most accurate information known to me at this time about my and my family's medical and health history.

(Signature of Birth Parent)

(Date)