MEDICAL REPORT OF PROSPECTIVE ADOPTIVE/FOSTER PARENTS

County of Onondaga Department of Social Services

Agency HOME FINDING, 8th FLOOR 421 MONTGOMERY ST, SYRACUSE, NY 13202	Telephone Number	Date Issued
Names of Prospective Foster/Adoptive Parents	Address of Prospective Foster/Adoptive Parents	

I hereby request and authorize my physician to release the following information to the agency named above

Signature of Foster/Adoptive Applicant X

To Physician:

The above named parents have applied to foster/adopt a child. A medical report and your interpretation of it are needed by the staff and the agency's medical advisors

Our serious responsibility is to select foster/adoptive parents whose general health and emotional stability would enable them to give the child a satisfying life.

Section A. **MEDICAL HISTORY**

Past History of Illness - Diagnosis and Date
Surgery - Specify and indicate Date
Accidents
Medical Hospitalizations/Psychiatric Hospitalizations

Section B. **PHYSICAL EXAMINATION**

Temperature	Pulse	Weight	Height	Blood Pressure

Eyes	Vision	Hearing
Lungs	Teeth and Gums	Nose and Throat
RESULTS OF TB TEST: Positive ☐ Negative ☐	If Positive Date of X-ray	If Positive Results of X-ray
Abdomen	Lymph Gland System	Pelvis

Heart	Extremities	Neck
Nervous System		
Endocrine	Skin	
Rectal Examination		

Section C. **LABORATORY TEST RESULTS**			
Serology	Hemoglobin	Blood Smear	Date Tests Given
Urinalysis - Specify gravity	Urinalysis - Sugar	Urinalysis - Albumin	PAP

Section D. **GENERAL**

Impression of general health and vitality level:

Has patient usual life expectancy? ☐ Yes ☐ No

Is patient on any regular medication or was any recommendation medical care made to patient? ☐ Yes ☐ No
If Yes, specify:

Does the patient seem stable and well balanced emotionally? ☐ Yes ☐ No
If No, state nature of problem:

How long have you known the patient professionally?

From your experience with the patient are there any additional comments regarding the patients ability to parent foster/adoptive children:

Physician's Signature	Phone Number	Date Signed

Physician's Address

RETURN COMPLETED FORM TO:

Agency

HOMEFINDING
CHILDREN'S DIVISION 8th FLOOR CIVIC CENTER
421 MONTGOMERY STREET
SYRACUSE, NY 13202

RETURN ENVELOPE ENCLOSED