Dear Physician:

As part of the evaluation for an adoptive home study, the prospective adoptive parent is required to have a physical assessment that states that the **adoptive parent** is physically able to parent a child. Please assess the patient and complete this form which will be submitted into the court record.

Patient Name: **Date of Examination:**

Height: **Weight:**

Temperature: **Blood Pressure:**

Current Medical Status (Include any diagnosed conditions):

List any communicable diseases, psychological conditions, or health issues:

List any medications and prescriptions:

Summary comments regarding the patient's ability to parent an adopted child:

_____

Physician's Printed Name

_____DATE_____

Physician's Signature

Shay Patterson, MA Independent Home Study Provider
(918) 260-0841 shay@adoptionhomestudiesoftulsa.com
WWW.ADOPTIONHOMESTUDIESOFTULSA.COM
PO BOX 947 JENKS, OK 74037

ADOPTION HOME STUDIES OF TULSA

Dear Physician:

As part of the evaluation for an adoptive home study, the prospective adoptive parent is required to have a physical assessment that states that the **adoptive parent** is physically able to parent a child. Please assess the patient and complete this form which will be submitted into the court record.

Patient Name: **Date of Examination:**

Height: **Weight:**

Temperature: **Blood Pressure:**

Current Medical Status (Include any diagnosed conditions):

List any communicable diseases, psychological conditions, or health issues:

List any medications and prescriptions:

Summary comments regarding the patient's ability to parent an adopted child:

_____

Physician's Printed Name

_____DATE_____

Physician's Signature

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Dear Physician:

As part of the evaluation for an adoptive home study, the prospective adoptive parent is required to have a physical assessment that states that the adoptive parent is physically able to parent a child. In addition, you are being asked to evaluate the health of **each child presently living in the adoptive home**. Please assess the patient and complete this form which will be submitted into the court record.

Patient Name: **Date of Examination:**

Height: **Weight:**

Temperature: **Blood Pressure:**

Current Medical Status (Include any diagnosed conditions):

List any communicable diseases, psychological, or health issues:

List any medications or prescriptions:

Is the child is need of any vaccinations?

Summary comments regarding overall wellness of child:

_____

Physician's Printed Name

_____DATE_____

Physician's Signature

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