

ADOPTION HOME STUDIES OF TULSA

Dear Physician:

As part of the evaluation for an adoptive home study, the prospective adoptive parent is required to provide proof that the child is currently receiving medical care. 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:

Date of Birth:

Weight:

Temperature:

Current Medical Status (Include any diagnosed conditions):

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

List any OTC medications or prescriptions:

Is the child in need of any vaccinations? (Please attach the vaccination record)

Summary comments regarding overall wellness of child:

Physician's Printed Name

_____ DATE _____

Physician's Signature

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