

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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