

Adoptive Plan
 Foster Care Plan

Filled out by:
Birth Mother
Birth Father
Social Worker
Other

BIRTH FAMILY AND CHILD HISTORY

1. Indicate how the birth family feels about the plan being made for the child(ren):

2. What do you want the adoptive/foster care parents to tell your child about why he/she was placed for adoption?

3. What qualities would you consider important in the family caring for your child?

4. Is the birth father of this child aware of the adoption/foster plan that was made? Yes No Not Sure

5. Is there a genetic relationship between the birth parents? Yes No

6. If yes, how were they related? _____

7. Has the birth mother/birth father expressed any feelings regarding this child and the placement plan that is being made? _____

8. What is the relationship with the birth mother/birth father of this child at this time?

9. Were you married to someone else at the time of conception? Yes No

BIRTH FAMILY AND CHILD HISTORY

10. Have you had other pregnancies? No Yes If yes, please explain: _____

11. Have you had any miscarriages? No Yes If yes, please explain: _____

12. Age at which you began menstruating? _____

DRUGS TAKEN DURING AND PRIOR TO PREGNANCY

Indicate in the appropriate space medications/drugs taken during this pregnancy involving this child and/or medications/drugs taken prior to this pregnancy.

<i>Name of Drug/Medication *</i>	<i>YES</i>	<i>NO</i>	<i>MONTH(S)</i>	<i>YEARS</i>	<i>TYPE, FREQUENCY, AMOUNT</i>
ADD/ADHD Medications					
Alcohol					
Anticonvulsant					
Antidepressants					
Antihistamines					
Aspirin / Other Pain Killers					
Cancer Medications					
Cigarettes					
Cocaine/ Crack					
Cortisone					
Diet Pills					
Heart / Blood Pressure					
Heroin					
Hormones					
Inhalants					
LSD					
Marijuana					
Nausea Meds / Tranquilizers/ Anti-Anxiety Medications					
Prenatal or Other Vitamins					
Nose Drops					
Sleeping Pills / Barbiturates					
Thalidomides					
Herbs / Supplements					

** see Page 4 for brand-named drugs for each type listed above.*

If any others, please list here: _____

To the best of your knowledge, is the birth father on medications or has he used any non-prescription drugs?

If yes, please list here: _____

BIRTH FAMILY AND CHILD HISTORY

The following is a short list of common medications, both over-the-counter and prescription medications. This is not a comprehensive list and should serve only to aid your memory. If there is any question about prescription medication, a phone call should be made to your regular doctor to check your medical records.

ADD/ADHD	Ritalin, Adderal, Concerta, Cylert
Antibiotics	Ampicillin, Ceftin, Erythromycin, Penicillin
Anticonvulsants	Depakote, Valproate, Dilantin, Phenobarbitol
Antidepressants	Effexor, Elvavil, Mellaril, Nardil, Prozac, Paxil, Tofranil, Wellbutrin, Zoloft
Antihistamines	Actifed, Comtrex, Benadryl, Hismanal, Sudafed, Triaminic
Amphetamines (Speed)	Dexedrine
Aspirin/Painkillers	Aspirin, Codeine, Darvocet, Demerol, Ibuprophen, Motrin, Tylenol
Blood Pressure	Procardia, Prosantin, Accupril
Cancer Medications	Tamoxifen, Megase, Arimidex
Diet Aids	Dexedrine, Body Solutions, Metabolife
Heart / Cardiac	Cardizem, Nitroglycerin, Verapamil
Herbs / Supplements	St. John's Wort, Ginko Biloba, Echinacea
Hormones	ACTH, Estrogen, Levothroid, Premarin, Synthroid, Levoxyl
Nausea	Benadryl, Compazine, Dramamine, Nux Vomica, Thorazine
Nerve Meds / Tranquilizers Anti-Anxiety Meds	Lithium Carbonate, Neurontin, Xanax, Valium, Ativan, Buspar, Clonadine
Sleeping Pills / Barbiturates	Excedrin PM, Nytol, Tylenol PM, Unisom, Butisol, Nembutal, Pentothal

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Maternal - Continued)

Birth Mother (Continued)

Describe your personality: _____

Describe your sexual orientation: _____

Education:

Name of Last School Attended: _____
Last Grade Completed: _____
Average Grades Attained in School: _____
Additional Training Obtained: _____
Do You Have Future Plans for Schooling? _____

Extracurricular activities in which you participated during school years: _____

Subjects you were interested in during school years: _____

Goals and ambitions: _____

Present hobbies, interests and pastime activities: _____

Employment History:

Current Occupation: _____
Place of Employment: _____
Address: _____
Length of time employed at above: _____
Previous Occupations: _____

Military Service? Yes No If yes, what branch of Service?: _____

Discharge date and highest rank achieved? _____

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Maternal – Continued)

Birth Mother (*Continued*)

Health History:

Present General Health: _____

Dominance: right-handed left-handed

Childhood Diseases: _____

Major Surgery? Yes No If Yes, for what condition(s): _____

When Did Surgery Take Place: _____

Other Information: _____

Were you or any member of your immediate family adopted? Yes No

If yes, please tell whom: _____

Have you previously released a child and/or had rights terminated on a child? Yes No

If so, when? _____

Do you have any other children not residing with you? Yes No

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Maternal - Continued)

Birth Mother's Mother's Parents:

	Father	Mother
Name:		
If Deceased, age at death and cause of death		
Birth Date / Age		
Present Address		
Physical Appearance		
Health / Medical Concerns		
Interests / Hobbies / Talents		
Current or Former Occupation		
Place of Employment (if applicable)		
Aware of Child's Adoption		

Birth Mother's Father's Parents:

	Father	Mother
Name:		
If Deceased, Age at Death and Cause of Death		
Birth Date / Age		
Present Address		
Physical Appearance		
Health / Medical Concerns		
Interests / Hobbies / Talents		
Current or Former Occupation		
Place of Employment (if applicable)		
Aware of Child's Adoption		

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Maternal – Continued)

Birth Mother's Brothers and Sisters: (use additional space on back if necessary)

Name:			
If Deceased, Age at Death and Cause of Death			
Birth Date / Age			
Present Address			
Height			
Weight			
Hair Color/ Texture			
Eye Color			
Complexion / Skin Color			
Health / Medical Coverage			
Last Grade Completed			
Presently in School?			
Name of School			
Occupation			
Place of Employment			
Religion			
Aware of Child's Adoption?			
Hobbies/ Interests/ Talents			
Marital Status			
Name of Spouse			
Place of Employment of Spouse			
Spouse Aware of Child's Adoption?			
Health of Their Children			

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Maternal – Continued)

Other Children Born to Birth Mother:

Name			
Birth Date / Age			
With Whom Does Child Reside? (Relationship?)			
Was Pregnancy and Delivery of This Child Normal? If not, please state problem(s)			
If Deceased, Age at Death and Cause of Death			
Racial Background			
Height			
Weight			
Hair Color and Texture			
Eye Color			
Complexion / Skin Color			
Last Grade Completed			
Presently in School?			
General Health			
Any Major Surgery?			
Health Problems?			
If Health Problems are Present, Could They Be Linked Genetically to the Child That Is Placed for Adoption?			

Aware of Child's Birth and/or Adoption?			
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Information provided by:	<i>BIRTH FAMILY AND CHILD HISTORY</i> (Medical History)	Paternal Grandfather <input type="checkbox"/>
Birth Mother <input type="checkbox"/>		Paternal Grandmother <input type="checkbox"/>
Birth Father <input type="checkbox"/>		Other _____
Maternal Grandmother <input type="checkbox"/>		_____
Maternal Grandfather <input type="checkbox"/>		

Indicate by using abbreviations: Birth Mother (BM); Maternal Grandmother (MGM); Maternal Grandfather (MGF); Birth Father (BF); Paternal Grandmother (PGM); Paternal Grandfather (PGF); Sister (S); Brother (B)

MEDICAL CONDITION	BM	BF	Other Relative (Specify)	Comments
ADD/ADHD				
Allergies				Any cause known? Treatment Medication:
Asthma				
Food				
Hay Fever				
Insect Bites				
Latex				
Other				
Alzheimer's Disease				
Arthritis				Type? How Severe?
Blood Disease/Disorder				
Anemia				
Hemophilia				
Leukemia				
Sickle Cell Trait/Disease				
Other				
Cancer				Age at Onset? Treatment:
Breast				
Bone				
Colon/Rectal				
Kidney				
Liver				
Lung				
Ovarian				
Pancreatic				
Prostate				
Skin				
Other				
Chemical Dependency Family History of Drugs/Alcohol				Specify Substances: Treatment Outcome:
Dental Problems				What Type? Comments:

Medical History

Other Relative

MEDICAL CONDITION	BM	BF	(Specify)	Comments
Developmentally Disabled				Type/Classification: Cause: Hospitalized?
Diabetes				Type? Age at onset? Treatment:
Gall Bladder Disease				
Gastrointestinal Problems				
Crohn's Disease				
Colitis				
Reflux				
Ulcers				
Hearing Impairments				Special Education? Treatment:
Deafness				
Hearing Impaired				
Heart/Circulation Problems				Age at onset? Treatment:
Congenital Heart Defect				
Heart Attack				
High/Low Blood Pressure				Medication?
Stroke				
Aneurysm				
Hormone Disorder				Age at onset? How treated?
Immune Deficiencies				
Aids				
HIV				
Kidney				Age at onset? Treatment?
Learning Disability				Special Education?
Liver Disease				
Cirrhosis				
Hepatitis A, B or C				
Mental Illness				Age at onset? Treatment? Hospitalization? Outcome:
Anxiety (Severe)				
Bipolar (Manic Depression)				
Depression				
Other Psychiatric Disorders				
Schizophrenia				
Neurological Conditions				Age at onset? Treatment:
Cerebral Palsy				
Huntington Disease				
Muscular Dystrophy				
Multiple Sclerosis				
Parkinson's Disease				
Seizures, Convulsions / Epilepsy				

Medical History

Other Relative

MEDICAL CONDITION

BM BF (Specify)

COMMENTS

Physical Deformities or Defects (not already listed)			
Club Foot			Both Feet? How severe?
Dwarfism			
Harelip (Cleft Palate)			How severe?
Spina Bifida			
Other			
Pulmonary / Lung Condition			
Cystic Fibrosis			
Reproductive History			
Birth Defects			Specify:
Infertility			Cause:
Miscarriage			Number / Cause:
Multiple Births			Identical / Fraternal
Still Births			
SIDS (Sudden Infant Death)			
Sexually Transmitted Diseases			
Chlamydia			
Condyloma Accumintal/HPV (genital warts)			
Genital Herpes Virus			
Gonorrhea			
Syphilis			
Skin Disorders			Treatment
Severe Acne			
Eczema			
Psoriasis			
Skin Pigmentation			
Other			
Speech Problems			Special Education
Thyroid Condition			Treatment and Outcome
Vision			
Blindness			
Cataracts			
Crossed Eye / Lazy Eye			
Detached Retina			
Eyeglasses			
Glaucoma			
Macular Degeneration			

Any other conditions that run in the family?				Explain:
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BIRTH FAMILY AND CHILD HISTORY
(Birth Family History - Paternal)

Birth Father History:

Information Provided By: _____ Date: _____

Identifying Information:

Name: _____ (_____) Phone Number: (_____) - _____
Area Code

Address: _____
Number & Street Name City State / Zip Code

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ - - Driver's License No.: _____

Marital Status: Never Married Married Separated Divorced Widowed

Number of Previous Marriages: _____

Name of Spouse: _____

Address of Spouse: _____
Street No. and Name City State Zip Code

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Date of Divorce: _____ Place of Divorce: _____

Date of Death of Spouse: _____ or N/A

Where is Spouse Employed? _____

Religion: _____ Church Attended: _____

Nationality Background: _____

Racial Background: _____

If Native American (Indian), what Tribes?: _____

Registered: Yes No

Relationship/Name of Indian Relative: _____ Birth Date: _____

If married, was pregnancy shared with spouse? Yes No

Marital Status: Never Married Married Separated Divorced Widowed

Physical Description:

Height: _____ Weight: _____ Build: _____

Eye Color: _____ Hair Color & Texture: _____

Complexion / Skin Color: _____

Distinguishing Physical Features: _____

BIRTH FAMILY AND CHILD HISTORY

(Birth Family History – Paternal - Continued)

Birth Father (*Continued*)

Describe your personality: _____

Describe your sexual orientation: _____

Education:

Name of Last School Attended: _____

Last Grade Completed: _____

Average Grades Attained in School: _____

Additional Training Obtained: _____

Do You Have Future Plans for Schooling? _____

Extracurricular activities in which you participated during school years: _____

Subjects you were interested in during school years: _____

Goals and ambitions: _____

Present hobbies, interests and pastime activities: _____

Employment History:

Current Occupation: _____

Place of Employment: _____

Address: _____

Length of time employed at above: _____

Previous Occupations: _____

Military Service? Yes No If yes, what branch of Service?: _____

Discharge date and highest rank achieved? _____

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Paternal – Continued)

Birth Father *(Continued)*

Health History:

Present General Health: _____

Dominance: right-handed left-handed

Childhood Diseases: _____

Major Surgery? Yes No If Yes, for what condition(s): _____

When Did Surgery Take Place: _____

Other Information: _____

Were you or any member of your immediate family adopted? Yes No

If yes, please tell whom: _____

Have you previously released a child and/or had rights terminated on a child? Yes No

If so, when? _____

Do you have any other children not residing with you? Yes No

Oakland County Family Court
BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Paternal - Continued)

Birth Father's Mother's Parents:

	Father	Mother
Name:		
If Deceased, age at death and cause of death		
Birth date / Age		
Present Address		
Physical Appearance		
Health / Medical Concerns		
Interests / Hobbies / Talents		
Current or Former Occupation		
Place of Employment (if applicable)		
Aware of Child's Adoption		

Birth Father's Father's Parents:

	Father	Mother
Name:		
If Deceased, Age at Death and Cause of Death		
Birth date / Age		
Present Address		
Physical Appearance		
Health / Medical Concerns		
Interests / Hobbies / Talents		
Current or Former Occupation		
Place of Employment (if applicable)		
Aware of Child's Adoption		

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Paternal – Continued)

Birth Father's Brothers and Sisters (use additional space on back if needed)

Name:			
If Deceased, Age at Death and Cause of Death			
Birth date / Age			
Present Address			
Height			
Weight			
Hair Color/ Texture			
Eye Color			
Complexion / Skin Color			
Health / Medical Coverage			
Last Grade Completed			
Presently in School?			
Name of School			
Occupation			
Place of Employment			
Religion			
Aware of Child's Adoption?			
Hobbies/ Interests/ Talents			
Marital Status			
Name of Spouse			
Place of Employment of Spouse			
Spouse Aware of Child's Adoption?			
Health of Their Children			

BIRTH FAMILY AND CHILD HISTORY
(Birth Family History – Paternal – Continued)

Other Children Born to You (Father)

Name			
Birth Date / Age			
With Whom Does Child Reside? (Relationship?)			
Was Pregnancy and Delivery of This Child Normal? If not, please state problem(s)			
If Deceased, Age at Death and Cause of Death			
Racial Background			
Height			
Weight			
Hair Color and Texture			
Eye Color			
Complexion / Skin Color			
Last Grade Completed			
Presently in School?			
General Health			
Any Major Surgery?			
Health Problems?			
If Health Problems are Present, Could They Be Linked Genetically to the Child That Is Placed for Adoption?			
Aware of Child's Birth and/or Adoption?			