

PHYSICIAN'S REPORT FOR ADOPTIVE APPLICANT

6th Judicial Circuit-Family Division Oakland County
Adoption Services
1200 North Telegraph Road
Pontiac, Michigan 48341

Re: _____
DOB: _____

Dear Dr. _____,

I hereby authorize you to release to Oakland County Adoption Services information regarding my current and past physical and mental health.

Sincerely, _____

TO BE COMPLETED BY THE PHYSICIAN

Date of physical examination _____ Length of time know to physician _____

ANY HISTORY OF:

Alcohol or Drug Dependency	_____	Diabetes	_____
Cardiac Disease	_____	Mental Illness	_____
Cancer	_____	Depression	_____
Epilepsy	_____	Allergies	_____

Diseases, injuries, surgeries, disabilities, or medical conditions not referred to above: _____

Remarks on health history: _____

CURRENT HEALTH STATUS:

Height	_____	Blood Pressure	_____
Weight	_____	Vision	_____
Heart	_____	Hearing	_____
Lungs	_____	Abdomen	_____

Medication currently prescribed; dosage and purpose: _____

Essential findings that are deviations from normal: _____

HIV information (optional): _____

Remarks on medical examination **(on the basis of the medical history and present physical condition, please state any medical concerns you may have regarding this adoptive applicant):**

Would you like to discuss this information with a Social Worker? Yes _____ No _____

PLEASE PRINT OR TYPE

Physician's Name _____

PHYSICIAN'S SIGNATURE

Address _____

City, State, Zip Code _____ Telephone Number _____