



Dear biological/birth parent,

Every significant decision in life has lasting impact, as you know from your experience in choosing adoption for your child.

Part of the lasting impact on adoptees as they become adults are the questions and unknowns about their own life story and history. The answers to these questions can become crucial for medical and personal reasons, and the unknowns carry forward as the adoptee considers their future and even future generations.

We at The Adoptee Collective seek to offer resources and support to help adoptees find healing and move toward the wholeness they seek from all the chapters of their story. Completing the attached forms is one step in their journey.

We know that sharing personal information is difficult. Any information provided will remain private and confidential. Numerous challenges have been overcome to this point; your past and trauma history don't define you.

Providing the following information helps adoptees understand more of themselves, their past, present, and future.

*Thank you for any information you're willing to share,*

Kara Donaldson, TBRI Practitioner  
Co-founder and CEO of The Adoptee Collective

Heather Enright, LMSW-IPR  
Co-founder and Executive Director of The Adoptee Collective

[www.theadopteecollective.com](http://www.theadopteecollective.com)

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## BIRTH FATHER MEDICAL HISTORY FORM

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Education Level: \_\_\_\_\_

Relationship Status:  Single  Married  Divorced  Separated  Partner

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**Please know that questions about medical history are very important for adoptees and for their children and so forth. If no other information is given, completing this form is incredibly helpful.**

### MEDICAL HISTORY FORM OPTIONS

- I am not aware of any significant medical history to report.
- I prefer not to provide any medical information at this time.
- I wish to provide the following medical information.

### BIRTH FATHER INFORMATION

Race: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Are Birth Parents Related To Each Other (other than by marriage)?

No  Yes Relationship: \_\_\_\_\_

### INFORMATION ABOUT BIRTH MOTHER PREGNANCY AND ADOPTION PROCESS

During the birth mother's pregnancy, were you aware if she:

Took Prescription Drugs?  No  Yes Type: \_\_\_\_\_

Took Non-Prescription Drugs?  No  Yes Type: \_\_\_\_\_

Used Alcohol?  No  Yes How often? \_\_\_\_\_

Use Cigarettes?  No  Yes How often? \_\_\_\_\_

During her pregnancy, did she experience:

Any type of abuse?  No  Yes

Type:  Physical  Emotional  Sexual  Financial  Spiritual

- Blunt abdominal trauma?  No  Yes
- Fetal injury?  No  Yes
- Motor vehicle accident?  No  Yes
- Suicidal thoughts?  No  Yes
- Thoughts of abortion?  No  Yes
- Moderate to high levels of stress?  No  Yes
- Moderate to high levels of anxiety?  No  Yes
- Moderate to high levels of depression?  No  Yes
- Moderate to high levels of fear for her life?  No  Yes
- Moderate to high levels of chronic fatigue?  No  Yes
- Morning sickness?  No  Yes

Did she experience any type of illness during her pregnancy? If so, what illness?

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- Did she experience hospitalization other than birth and delivery?  No  Yes
  - Did anyone talk to her about an abortion or want her to have one?  No  Yes
  - Did anyone talk to you about an abortion or want you to have one?  No  Yes
  - Did she have complications during delivery?  No  Yes
- If so, what were the complications? \_\_\_\_\_
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Was the adoptee born prematurely?  No  Yes

If so, how many weeks was the adoptee prematurely born? \_\_\_\_\_

Did the adoptee have low birth weight or poor weight gain?  No  Yes

Did the adoptee have any respiratory distress at birth?  No  Yes

Did she have an induction, natural birth, epidural Cesarean? Check all that apply.

Induction  Natural birth  Epidural  Caesarian  VBAC (Vaginal Birth After Cesarean)

### **MEDICAL HISTORY AND CONDITIONS**

Please provide the medical history for you (self) and your blood relatives (such as mother, father, sisters, brothers, grandparents, and any other children). Please state which family member experienced the condition in the "Family" section provided.

<b>MEDICAL CONDITIONS</b>	<b>SELF</b>	<b>FAMILY</b>	<b>MEDICAL CONDITIONS</b>	<b>SELF</b>	<b>FAMILY</b>
<b>Respiratory (lungs)</b>			<b>Endocrine Disorders</b>		
Allergies (including food/drug allergies)			Diabetes (adult or Juvenile?)		
Asthma			Thyroid (hyper/hypo)		
COPD			<b>Muscular/Skeletal Disorders</b>		
Emphysema			Club Foot		

Cystic Fibrosis			Scoliosis		
<b>Gastrointestinal (stomach and intestines)</b>			Osteoarthritis		
Ulcers			Rheumatoid Arthritis		
Inflammatory Bowel Disease			Muscular Dystrophy		
Cleft Lip or Palate			Lupus		
Diverticulosis			<b>Immune/Hematologica I Disorders</b>		
			Hepatitis B or C		
Crohn's Disease			Hemophilia or Anemia		
Irritable Bowel Syndrome			Leukemia (acute or chronic)		
<b>Cardiovascular (Heart and Blood Vessels)</b>			Factor V Leiden		
High Blood Pressure			Sickle Cell Anemia		
Heart Attack			<b>Eye And Ear Disorders</b>		
Stroke/TIA			Blindness		
Heart Disease			Glaucoma		
Heart Rhythm Abnormality or Heart Murmur			Deafness		
Congenital Heart Defect			<b>Malignant Conditions</b>		
<b>Renal Disorders (kidneys)</b>			Cancer - Specify Type and age of onset:		
Chronic Kidney Disease			<b>Reproductive issues</b>		
Kidney Failure			Fertility Issues		
Liver Disorders			History Of Miscarriage		
Hepatitis - Specify Type:			Endometriosis		
Cirrhosis			<b>Developmental Disorders</b>		
<b>Nervous System (brain and nerves) Disorders</b>			Learning Disability or Learning Differences		
Epilepsy or Seizure Disorder			Autism Spectrum		
Hydrocephalus			Physical Disability (if so what?)		

Or Microcephaly					
Or Neurofibromatosis					
Multiple Sclerosis			<b>Mental and Behavioral Disorders</b>		
Huntington's Disease			Anorexia		
Parkinson's Disease			Substance Abuse (Alcohol, Illegal Drugs, Prescription Drugs, Cigarettes)		
Alzheimer's Disease			Bulimia		
Spina Bifida			Bipolar Disorder		
Cerebral Palsy			Schizophrenia		
Amyotrophic Lateral Sclerosis			Chronic Depression		
Tay-Sachs Disease			Incest or Abuse		
			Anxiety Disorder		

Is there any other medical history in your family or known medical history from the biological/birth mother that you know about?  No  Yes

What other medical history or information can you provide? \_\_\_\_\_

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Do you have questions about the adoptee's health or medical history that you'd like answered?  No  Yes

What are they? \_\_\_\_\_

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## BIRTH FATHER "GETTING TO KNOW YOU" FORM

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Education Level: \_\_\_\_\_

Relationship Status:  Single  Married  Divorced  Separated  Partner

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### FORM OPTIONS

- I prefer not to provide any information about my personal life at this time.  
 I wish to provide the following information about my personal life.

### ADOPTION PROCESS

What were the circumstances surrounding the pregnancy and adoptee's birth?

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Did you know about the pregnancy at that time?  No  Yes

Were you part of the choice for adoption?  No  Yes

What led you to choose to place the adoptee for adoption? \_\_\_\_\_

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How did you come to the decision to place the adoptee for adoption? Did you receive counseling or support? \_\_\_\_\_

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Was it a family decision?  No  Yes

Did you ever regret the decision of adoption placement?  No  Yes  
Did you have the option to choose the adoptive parents?  No  Yes  
Did you help to choose the adoptive parents?  No  Yes

If so, what was it about the adoptee's adoptive parent profile that stood out to you?

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Did you have the option to choose open or closed adoption?  No  Yes

Did you choose an open or closed adoption?  Open  Closed

Why did you choose open or closed adoption? \_\_\_\_\_

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How did you meet the adoptee's biological mother? \_\_\_\_\_

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How long were you with the adoptee's biological mother? \_\_\_\_\_

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What kind of relationship do you have with the adoptee's biological mother?

Check all that apply.

- Harmony  Close  Very Close  Friendly  Love  In-love  Married  
 Hostile  Violent  Abuse  Estranged  No contact  
 Separated  Divorced  Hate  Manipulation & Controlling

### **EDUCATION AND PASSION**

What is your highest level of education? \_\_\_\_\_

What is your vision or dream for your life? \_\_\_\_\_

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What is your current profession? \_\_\_\_\_

What did you want to be when "you grew up?" \_\_\_\_\_

What are your passions? \_\_\_\_\_

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Are you living out your passion? \_\_\_\_\_

What special talents or skills do you have (either now or in the past)? \_\_\_\_\_

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### **LIFE VALUES**

What is the most exciting thing about life for you? \_\_\_\_\_

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What do you think has been your greatest challenge in life so far? \_\_\_\_\_  
\_\_\_\_\_

What are your values as an adult? \_\_\_\_\_  
\_\_\_\_\_

What are your religious views? \_\_\_\_\_  
\_\_\_\_\_

**INTERESTS AND FAVORITE THINGS**

What is your favorite food? \_\_\_\_\_

What is your favorite drink? \_\_\_\_\_

What is your favorite vacation spot? \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

What are your interests and hobbies? \_\_\_\_\_

Do you like sports?  No  Yes      If so, which sports?  
\_\_\_\_\_

Have you read any good books or seen any good movies lately?  No  Yes  
What were they, and what did you like about them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABOUT THE ADOPTEE**

Were you given information about the adoptee when they were adopted?  
 No       Yes

Were you given any updates about the adoptee through the years?  
 No       Yes

Did you want more information or contact than you had?  
 No       Yes

What questions about the adoptee have you had through the years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## BIRTH FATHER RELATIONSHIP HISTORY

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Education Level: \_\_\_\_\_

Relationship Status:  Single  Married  Divorced  Separated  Partner

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### RELATIONSHIP FORM OPTIONS

- I prefer not to provide any information about relationships at this time.  
 I wish to provide the following information about current relationships.

### BIRTH MOTHER INFORMATION

Race: \_\_\_\_\_  
Ethnic Background: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Are Birth Parents Related To Each Other (other than by marriage)?  
 No  Yes Relationship: \_\_\_\_\_  
Who is the adoptee's mother? \_\_\_\_\_

### INFORMATION ABOUT BIRTH MOTHER'S HISTORY OF PREGNANCY AND ADOPTION

What were the circumstances surrounding the pregnancy and adoptee's birth?

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What was going on in your life in the months around the pregnancy and before the adoptee was born? \_\_\_\_\_

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What was your family life like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Happy and close knit
- Not too close, but good
- Disconnected and a little hard
- Difficult, chaotic, and hard
- Abusive

Did you know about the pregnancy at the time?  No  Yes  
Was her pregnancy a crisis or unexpected pregnancy?  No  Yes  
Was her pregnancy planned?  No  Yes

Which options did you seriously consider for this pregnancy?

- Abortion
- Parenting
- Adoption

Did her original plan (or yours) for the pregnancy change?  No  Yes  
What was her original plan (and yours) and what changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did she feel supported during her pregnancy, birth, delivery, and adoption process?  
 No  Yes

Why and from whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you feel supported during her pregnancy, birth, delivery, and adoption process?  
 No  Yes

Why and from whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your support system like during pregnancy and delivery?  
Check all that apply.

- No support from anyone.
- A counselor or social worker were involved and helpful.
- As the birth father, I was supportive and involved.
- My family was supportive and involved.
- My friends were supportive and involved.
- The birth mother's family and friends were supportive and involved.

What was your support system like during the adoption process?

Check all that apply.

- No support from anyone.
- A counselor or social worker were involved and helpful.
- As the birth father, I was supportive and involved.
- My family were supportive and involved.
- My friends were supportive and involved.
- The birth mother's family and friends were supportive and involved.

How did your support system respond to her pregnancy? \_\_\_\_\_

\_\_\_\_\_

How did your support system respond to the adoption? \_\_\_\_\_

\_\_\_\_\_

Did you feel you needed to conceal the adoption from your family?  No  Yes

Did you place any other children for adoption?  No  Yes

### **PREFERENCES ON RELATIONSHIP WITH ADOPTEE**

Do you wish to pursue a relationship with the adoptee?  No  Yes

If so, to what level of relationship do you prefer? \_\_\_\_\_

Are you open to meeting the adoptee in person?  No  Yes

Are you open to initially talking to the adoptee by phone or email?  No  Yes

Please provide your preferred form of contact if so. \_\_\_\_\_

What do you want to know about the adoptee? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to have a mediator or counselor facilitate the relationship with the adoptee?  No  Yes

### **INFORMATION ABOUT ADOPTEE WITH CURRENT FAMILY**

Does your family currently know about this adoption?  No  Yes

How many other children do you have? \_\_\_\_\_

Are your other children biologically related to the adoptee?  No  Yes

If so, how? \_\_\_\_\_

How does your family currently respond to the adoption? \_\_\_\_\_

\_\_\_\_\_

Do your other children desire a relationship with the adoptee?  No  Yes

Does your partner prefer you to maintain distance to the adoptee?  No  Yes

Does your partner support a relationship with the adoptee?  No  Yes

### **HERITAGE AND ANCESTRY**

Are the adoptee's biological grandparents still alive?  No  Yes

What can you share about the adoptee's biological grandparents? \_\_\_\_\_

\_\_\_\_\_

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What are the adoptee's biological grandparents' full names? \_\_\_\_\_

What are/were they like? \_\_\_\_\_

Who does the adoptee look like in your biological family? \_\_\_\_\_

What is yours and the adoptee's racial/ethnic/national heritage? \_\_\_\_\_

What country did your ancestors come from? \_\_\_\_\_

When did your ancestors first come to this country? \_\_\_\_\_

What language did your ancestors speak? \_\_\_\_\_

Does your family have a family crest or particular family values? \_\_\_\_\_

What family traditions or cultural traditions did your family celebrate? \_\_\_\_\_

Would you be willing to share any pictures of the adoptee's ancestors/extended family?  No  Yes

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