



BIOLOGICAL/BIRTH MOTHER MEDICAL HISTORY FORM

Today's Date: _____ Name: _____ Age: _____

Birth Date: _____ Education Level: _____

Relationship Status: Single Married Divorced Separated Partner

Sharing personal information is difficult and the questions on these forms can be emotionally triggering. The Adoptee Collective has created these forms for adoptees and birth families to download and use at their own discretion. The Adoptee Collective encourages all parties to seek counseling or mental health professionals to assist as needed.

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 the medical 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 MOTHER INFORMATION

Race: _____

Ethnic Background: _____

Blood Type: _____

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

No Yes Relationship: _____

INFORMATION ABOUT PREGNANCY AND ADOPTION PROCESS

During your pregnancy, did you:

Take Prescription Drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type: _____
Take Non-Prescription Drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type: _____
Use Alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How often? _____
Use Cigarettes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How often? _____

Is there any complications or difficulties during your pregnancy that you'd like to share (such as morning sickness, chronic fatigue, high stress, depression, motor vehicle accidents)? _____

During your pregnancy:
Was there any type of abuse? No Yes

Type: Physical Emotional Sexual Financial Spiritual

If so, what would you like to share about these experiences?

Did you experience any type of illness during your pregnancy? If so, what illness?

Did you experience hospitalization other than birth and delivery? No Yes

Did anyone talk to you about an abortion or want you to have one? No Yes

Did you have complications during delivery? No Yes

If so, what were the complications? _____

Was the adoptee born prematurely? No Yes

If so, how many weeks was the adoptee prematurely born? No Yes

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 you have an induction, natural birth, epidural Caesarian? Check all that apply.
 Induction Natural birth Epidural Caesarian VBAC (Vaginal Birth After Caesarian)

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).

MEDICAL CONDITIONS	SELF	FAMILY	MEDICAL CONDITIONS	SELF	FAMILY
Respiratory (lungs)			Endocrine Disorders		
Allergies (including food/drug allergies)			Diabetes (adult or Juvenile?)		
Asthma			Thyroid (hyper/hypo)		
COPD			Muscular/Skeletal Disorders		
Emphysema			Club Foot		
Cystic Fibrosis			Scoliosis		
Gastrointestinal (stomach and intestines)			Osteoarthritis		
Ulcers			Rheumatoid Arthritis		
Inflammatory Bowel Disease			Muscular Dystrophy		
Cleft Lip or Palate			Lupus		
Diverticulosis			Immune/Hematological Disorders		
			Hepatitis B or C		
Crohn's Disease			Hemophilia or Anemia		
Irritable Bowel Syndrome			Leukemia (acute or chronic)		
Cardiovascular (Heart and Blood Vessels)			Factor V Leiden		
High Blood Pressure			Sickle Cell Anemia		
Heart Attack			Eye And Ear Disorders		
Stroke/TIA			Blindness		
Heart Disease			Glaucoma		
Heart Rhythm Abnormality or Heart Murmur			Deafness		
Congenital Heart Defect			Malignant Conditions		

Renal Disorders (kidneys)			Cancer - Specify Type and age of onset:		
Chronic Kidney Disease			Reproductive issues		
Kidney Failure			Fertility Issues		
Liver Disorders			History Of Miscarriage		
Hepatitis - Specify Type:			Endometriosis		
Cirrhosis			Developmental Disorders		
Nervous System (brain and nerves) Disorders			Learning Disability or Learning Differences		
Epilepsy or Seizure Disorder			Autism Spectrum		
Hydrocephalus Or Microcephaly Or Neurofibromatosis			Physical Disability (if so what?)		
Multiple Sclerosis			Mental and Behavioral Disorders		
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			Chronic Depression		
Lateral Sclerosis			Incest or Abuse		
Tay-Sachs Disease			Anxiety Disorder		

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

What other medical history or information can you provide? _____

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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BIOLOGICAL/BIRTH MOTHER "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?

What led you to choose adoption? _____

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

- | | |
|---|--|
| Was it a family decision? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Did you ever regret the decision of adoption placement? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Did you have the option to choose the adoptive parents? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Did you help to choose the adoptive parents? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

What was it about the adoptee's adoptive parent profile that stood out to you?

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?

How did you meet the adoptee's biological father?

How long were you with the adoptee's biological father?

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

- Harmony Close Very Close Love In-love Hostile Violent Abuse
 Estranged Cut-off Separated Divorced Hate Neglect Manipulation
 Controlling

EDUCATION AND PASSION

What is your highest level of education?

What is your vision or dream for your life?

What is your current profession?

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

What are your passions?

Are you living out your passion?

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

LIFE VALUES

What is the most exciting thing about life for you?

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? _____



BIOLOGICAL/BIRTH MOTHER RELATIONSHIP HISTORY

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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 father? _____

INFORMATION ABOUT HISTORY OF PREGNANCY AND ADOPTION

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

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

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

Was your pregnancy a crisis or unexpected pregnancy?

No Yes

Was your pregnancy planned?

No Yes

Which options did you seriously consider for this pregnancy?

- Abortion
- Parenting
- Adoption

Did your original plan for the pregnancy change?

No Yes

What was your original plan and what changed?

Did you feel supported during your 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.
- The birth father was supportive and involved.
- The birth father's family were supportive and involved.
- My family was supportive and involved.
- My 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.
- The birth father was supportive and involved.
- The birth father's family were supportive and involved.
- My family was supportive and involved.
- My friends were supportive and involved.

How did your support system respond to your 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? _____

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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