

MEDICAL REPORT RE ADOPTIVE CHILD

Natural name of patient _____ Race _____ Height _____

Date of birth, and place _____ Sex _____ Weight _____

General Appearance of Child _____ Nutrition _____

Head

(1) Eyes _____ (a) Conjunctive _____ (b) Lids _____ (c) Cornea _____ (d) Discharge _____ (e)

(2) Ears _____ (a) Hearing _____ (b) Condition of drums _____ (c) Discharge _____ (d)

(3) Nose _____

(4) Mouth _____ (a) Condition of gums _____ (b) Teeth (according to age) _____ (c)

(5) Throat _____ (a) Palate _____ (b) Speech defect _____ (c) Tonsils _____ (d)

Skin

(1) Subcutaneous Tissue _____

(2) Lymph glands _____

(3) Scabies, acne, ring worm, eczema, etc. (check) _____

Neck

(1) Glands _____

(2) Thyroid _____

Chest

(1) Heart _____

(2) Lungs _____

Spine

(1) Posture _____

(2) Curves _____

Abdomen _____

Genitalia _____

Osseous System _____

Extremities

(1) Defects _____

(2) Reflexes _____

Nervous System

(1) Paralysis _____

(2) Chorea _____

(3) Etc. _____

Psychological tests: Names of tests, dates and results _____

Laboratory Tests:

Tuberculosis: Name of test _____ Dates and results _____

Venereal disease: Name of test _____ Dates and results _____

Vaginal smear: Name of test _____ Dates and results _____

Urethral smear: Name of test _____ Dates and results _____

Urinalysis: Name of test _____ Dates and results _____

Significant findings and remarks _____

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Evidence in family or child's history to indicate: Tuberculosis, venereal disease, epilepsy, mental disease, feeble-mindedness, other physical or mental disability. Explain. _____

Date of last physical examination, by whom given, significant findings _____

Do you consider this child mentally and physically fit? _____

What is this patient's prognosis for health? _____

GENERAL IMPRESSIONS AND RECOMMENDATIONS:

Physician