Medical and Genetic History

Today's Date	Da	nte Child Was Left _			
Location Where Child Was Left					
Child's Birth Information: Date of Birth:	Birth Weig	ht:	Caesarian	Natural Birth	
Birthplace location:					
Birth defects/other physical pro	blems:				
Known illnesses or conditions ne	eeding medi	cal attention:			
During this pregnancy, did moth	-				
Drugs?	Yes	No			
Alcohol?	Yes	No			
Tobacco?	Yes	No			
If yes, what and how much	was used?				

When was it used? 1st three months 2nd three months 3rd three months Throughout pregnancy

Child's Background Information

Birth Mother	<u>Birth Father</u>
Race	Race
Ethnic origin/Ancestry	Ethnic origin/Ancestry
Number of pregnancies	Married to mother? Yes No
Other children: # girls:# boys:	Other children: # girls: # boys:
Completed high school: Yes No	Completed high school: Yes No
Completed College: Yes No	Completed College: Yes No
Special talents	Special talents
Personality	Personality

nal and Family	Medical Health Histo	ory
Birth Mother		ther
s No	Yes	No
other	FoodDrugs	Environmentalother
es No	Yes	No
s No	Yes	No
s No	Yes	No
	r <u>th Mother</u> s No other s No s No	s No Yes other FoodDrugs s No Yes s No Yes

(eg. high blood pressure, heart disease, diabetes, hepatitis, cancer, etc.) If yes, circle or identify the illness.

Please use the back or more paper to share any other information you would like your child to know about you or the family that he/she comes from. This information will be used to help Community Human Services Child Welfare to care for your child. You may add to this information at any time in the future by contacting the Oregon Voluntary Adoption Registry at 503 945-6643 or on the internet at www.scf.hr.state.or.us/ar/ or by using the keywords "Oregon Voluntary Adoption Registry"