	CAUSE NO		-
IN THE INTEREST			N THE DISTRICT COURT
OF		* *	COUNTY, TEXAS
A CHILD		*	JUDICIAL DISTRICT
HEAL		EDUCATIONAL TORY REPORT	
	<u>HEALTH</u>	I. <u>I HISTORY</u>	
Birth name of child:			
New name of child:			
Place of birth:			
Date of birth:		Type of delivery	y:
Prenatal and labor complicat	ions, if any:		
Prenatal distress, if any:			
Birth weight: lbs.	ozs.	Birth length:	ins.
Apgar scores: 1 minute:		5 minutes:	
Abnormal findings, if any, ir	n physical exam	ination at birth:	
Initial rate of growth and dev Explain any abnormal notation	•	thin normal or ab	normal limits as to each?
Height:	Weight:	Head cir	cumference:
Attainment of developmenta	l milestones: (N	Normal or abnorm	nal? Explain if abnormal.)
Record of immunizations: Type	Date	Remarks	S

Childhood diseases:

Type Date Remarks

Traumas, accidents, or illnesses requiring medical treatment or hospitalization:

Type Date Remarks

Results of available medical examinations:

Type Date Remarks

Psychological History and results of available psychological examinations, including the dates of evaluation, any diagnosis, and a summary of findings:

Psychiatric history and results of available psychiatric examinations, including the dates of evaluation, any diagnosis, and a summary of findings:

Dental history and results of available dental examinations:

Has the child ever been the victim of physical, sexual, or emotional abuse? If so, please detail that abuse:

II. SOCIAL HISTORY

Information regarding past and existing relationships among child and--

Siblings (names, ages, and present residences):

Extended family members (names, addresses and relation):

Other persons who have had physical possession of or legal access to child (names and addresses):

III. EDUCATIONAL HISTORY

Educational institutions in which child has been enrolled:

Summary of child's performance at such institutions:

Name and results of any educational/standardized tests administered to child:

Summary of special educational needs:

IV. GENETIC HISTORY

	Information (Concerning Biological M	<u>Iother</u>	
Name:		Birth da	te:	
Birthplace:				
	Attainment of developmental milestones, include the age at which she crawled, walked, talked, cut teeth, etc.: (Normal or abnormal? Explain if abnormal.)			
Nationality and ethnic background:				
Height:	Weight:	Eye color:	Hair color:	
Religious background	d, if any:			
Health status at time	of placement.			
*If applicable, cause of and age at death:				
Health and medical history: (list every serious medical condition, illness, or disease experienced by biological mother, including, but not limited to, drug and/or alcohol abuse (stating whether such condition occurred during pregnancy), diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)				
Highest level of form	nal education co	mpleted:		
Professional status/achievements:				

Any psychological, psychiatric, or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation

of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

Information Concerning Biological Father

Name:	1	Birth date:			
Birthplace:					
Attainment of developmental milestones, include the age at which he crawled, walked, talked, cut teeth, etc.: (Normal or abnormal? Explain if abnormal.)					
Nationality and ethnic background:					
Height:	Weight:	Eye Color:	Hair color:		
Religious background, if	any:				
Health status at time of p	placement:				
*If applicable, cause of and age at death:					
Health and medical history: (list every serious medical condition, illness, or disease experienced by biological father including, but not limited to, drug and/or alcohol abuse diabetes, cardiac condition, cancer, giving details, such as period of condition, treatments					

and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric, or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

<u>Information Concerning Maternal Grandmother</u>

Name:		Birth date:		
Birthplace:				
Nationality and ethnic backgr	round:			
Height:	Weight:	Eye Color:	Hair color:	
Religious background, if any:				
Health status at time of place	ment:			
*If applicable, cause of and a	ge at death:			
Health and medical history: (experienced by biological ma and/or alcohol abuse, diabete condition, treatment, and pro- diseases and disorders.)	ternal grandmo s, cardiac condi	ther, including, but not lition, cancer, giving detail	mited to, drug ls, such as period o	

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

<u>Information Concerning Maternal Grandfather</u>

Name:		Birth date:		
Birthplace:				
Nationality and ethnic back	ground:			
Height:	Weight:	Eye Color:	Hair color:	
Religious background, if ar	ny:			
Health status at time of place	cement:			
*If applicable, cause of and	l age at death:			
Health and medical history: (list every serious medical condition, illness, or disease experienced by biological maternal grandfather including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)				
Highest level of formal edu	cation completed	:		
Professional status/achieve	ments:			
Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:				
Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:				
Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:				
<u>Inform</u>	nation Concernin	g Paternal Grandmother		
Name:		Birth date:		
Birthplace:				

Nationality and ethnic backg	round:		
Height:	Weight:	Eye Color:	Hair color:
Religious background, if any	:		
Health status at time of place	ement:		
*If applicable, cause of and a	age at death:		
Health and medical history: (list every serious medical condition, illness, or disease experienced by biological paternal grandmother including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)			
Highest level of formal educ	ation completed:		
Professional status/achievem	ents:		
Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:			
Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:			
Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:			
Information Concerning Paternal Grandfather			
Name:	Birth o	date:	
Birthplace:			
Nationality and ethnic backg	round:		
Height:	Weight:	Eye Color:	Hair color:
Religious background, if any	:		

Health status at time of placement:

*If applicable, cause of and age at death:

Health and medical history: (list every serious medical condition, illness, or disease experienced by biological paternal grandfather including, but not limited to, drug and/or alcohol abuse, diabetes, cardiac condition, cancer, giving details, such as period of condition, treatment, and prognosis, when available. Specifically include all genetic diseases and disorders.)

Highest level of formal education completed:

Professional status/achievements:

Any psychological, psychiatric; or social evaluations, including the dates of the evaluations, any diagnosis, and a summary of findings:

Any criminal conviction record relating to a misdemeanor or felony classified as an offense against the person or family or classified as public indecency or a felony violation of a statute intended to control the possession or distribution of a controlled substance, including the date, type of conviction, and penalty received:

Any information that would indicate that the child is entitled to or eligible for state or federal financial, medical, or other assistance:

By signature below, the adoptive parents acknowledge receipt of a copy of this report.

Date:

Signature, Adoptive Parent

Signature, Adoptive Parent