Physicians Report

(Form To Be Completed by Physician)

Exam Date: _____

Patient Name: _____

Patient DOB: _____

Weight: _____

Height: _____

Does this patient have any medical or psychiatric problems that could affect their ability to be an adoptive parent?
Yes No

Is this patient free of any communicable or infectious diseases?
Yes No

Based on current medical information, does this patient have a normal life expectancy?
Yes No

Doctors Name, MD _____

Doctor's Signature _____

Address: _____

_____

Phone: _____