Cecilia Powers, LCSW-S Court-Ordered Child Custody Evaluations

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 to ability to be an adoptive parent? Yes No	that could affect their
Is this patient free of any communicable or infectious diseases Yes No	s?
Based on current medical information, does this patient have Yes No	e a normal life expectancy
Doctors Name, MD	
Doctor's Signature	
Address:	
Phone:	

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