



TONI PRECKWINKLE

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**PHYSICIAN'S REPORT ON
ADOPTIVE PARENT**

NAME OF PATIENT: _____

DATE OF BIRTH: _____

DATE OF EXAMINATION _____

1. Are there any concerns in this patient's health history?

2. What is the overall general health of this patient's condition?

**3. Are there any medical or psychological conditions that may limit this patient's ability to parent? _____
If so, what are they?**

PRINTED NAME OF PHYSICIAN: _____

SIGNATURE OF PHYSICIAN: _____

ADDRESS OF OFFICE: _____

PHONE: _____

DATE: _____