



DEPARTMENT OF ADOPTION AND FAMILY SUPPORTIVE SERVICES

**MARGARET LARAVIERE**

DIRECTOR

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**PHYSICIAN'S REPORT ON  
ADOPTIVE PARENT'S HOUSEHOLD MEMBER**

**TONI PRECKWINKLE**

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15th District

JEFFREY R. TOBOLSKI  
16th District

SEAN M. MORRISON  
17th District

**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 raise concern with this patient residing with a child? \_\_\_\_\_**

**If so, what are they?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINTED NAME OF PHYSICIAN:** \_\_\_\_\_

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_

**ADDRESS OF OFFICE:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_