HEALTH SCREENING WORKSHEET

This questionnaire is used as a tool in assessing strengths and needs of your family. Having an illness or medical problem does not disqualify you from becoming adoptive parents.

1. Do you have a family doctor Dyes D no? If yes please enter name, address, and phone

number of family physician ·

Ifyou do not have a family physician where do you seek treatment? \_

1. Date of last doctor visit and why? \_
2. List any prescriptions being taken and for what \_
3. List any surgeries in past five years, inpatient and outpatient, please provide dates \_
4. Do you receive disability or workman's compensation, if so why, how much, and for how long?
5. Are you under a psychiatrist's, psychologist's, or counselor's care? If so, why and for how long? \_
6. Has any member of your household been diagnosed with a life threatening disease? If so what type. \_
7. Any additional comments you would like to make. \_

Signature Date