BIRTH FAMILY AND CHILD HISTORY (MATERNAL)

Child's Birth Name: _				
Birth Date	City	County	State	
Time of Birth	Hospital	Gender	Birth Weight	
Apgar Scores	Hair Color	Eye Color	Complexion	
Pediatrician	Contact In	nfo		
Immunizations	Shots and Dates			
Child's General Health	1 Status			
PREGNANCY INFO	PRMATION:			
Prenatal Care?	If yes, how many vis	its l	Month of the First Visit	
Length of Pregnancy _	Complications during	Pregnancy		
Type of Delivery	Length of Labor _	Birth M	Iother's Blood Type	
Have you had other pr	egnancies? □No □Yes if ye	s, please explain:		
Have you had any mise	carriages? □No □Ye	es if yes, please exp	lain:	
Do you have any child	ren not residing with you? □Y	es □No		
	eleased a child and/or had righ			
			Date:	
1. Indicate how t	he birth family feels about the	plan being made for t	he child(ren):	

3.	Is the birth father of the	child (r	en) awai	re of the adoption	n/foster plan	in place?
4.	Is there a genetic relation	onship be	etween t	he birth parents?	_ Y	7es □ No
5.	If yes, how were they re	elated?				
	Has the birth mother or being made?	birth fat	her expi	ressed any feelin	gs regarding	this child and the placement plan that is
6.	What is the relationship	betwee:	n the bir	rth mother and o	r birth father	of this child at this time?
7.	Were you married to so	meone e	else at the	e time of concep	tion? 🗆 Y	∕es □ No
	DRUGS T	TAKEN	DUR	ING AND B	EFORE F	PREGNANCY
	te in the appropriate sp ations/drugs taken prior to				uring this pr	egnancy involving this child and/or
Name	of Drug/Medication *	YES	NO	MONTH(S)	YEARS	TYPE, FREQUENCY, AMOUNT
	ADHD Medications					
Alcoh			<u> </u>			
	onvulsant					
	epressants	-	-		1	-
	stamines	1	-			
	n/Other Pain Killers r Medications	1	+			
Cigare		1	+		1	
	ne/Crack		-			
Cortise						
COLUD	OHC					

What do you want your child (ren) to know about why placement for adoption or foster care was necessary?

Diet Pills

2.

Heart/Blood Pressure					
Heroin					
Hormones					
Inhalants					
LSD					
Marijuana					
Nausea Meds/Tranquilizers/					
Anti-Anxiety Medications					
Prenatal or Other Vitamins					
Nose Drops Sleeping Pills/Barbiturates					
Thalidomides					
Herbs/Supplements					
If any others, please list here:					
To the best of your knowledge, is please list here:	s the birth	father on medication	as or has he used	d any non-prescrip	otion drugs? If yes,
Birth Mother History: Identifying Information:					
Name:		(Maiden N		ne Number: (Area Co	
Name:		(Maiden N		·	
	t Name	(Maiden N		·	
Name:		City	Name	Area Co	de Zip Code
Name: Address: Number & Stree	f Birth:	City	Place of Birth:	Area Co State /	de Zip Code
Name:	f Birth: Married rriages:	City Driver's Lice Married	Place of Birth: cnse No.: Separated	Area Co State /	de Zip Code □ Widowed
Name:	f Birth: Married rriages:	City Driver's Lice Married	Place of Birth: ense No.: □ Separated	Area Co State / □ Divorced	de Zip Code □ Widowed
Name: Address: Date or Social Security No.: Date or Number of Previous Man Name of Spouse: Address of Spouse: Address of Spouse:	f Birth: Married rriages:	City Driver's Lice Married	Place of Birth: ense No.: Separated	Area Co State / □ Divorced	de Zip Code □ Widowed
Address:	f Birth: Married rriages:	City Driver's Lice Married	Place of Birth: ense No.:	Area Co State / Divorced State	de Zip Code □ Widowed Zip Code
Address:	f Birth: Married rriages: Street No.	City Driver's Lice Married and Name Place	Place of Birth: ense No.: □ Separated City of Marriage:	Area Co State / Divorced State	Zip Code □ Widowed Zip Code
Address:	f Birth: Married rriages: Street No.	City Driver's Lice Married and Name Place	Place of Birth: ense No.: □ Separated City of Marriage:	Area Co State / Divorced State	Zip Code □ Widowed Zip Code
Address: Number & Stree Age: Date of Social Security No.: Marital Status: Number of Previous Marital Status: Address of Spouse: Address of Spouse: Date of Marriage: Date of Separation:	f Birth: Married rriages: Street No.	City Driver's Lice Married and Name Place Date of Divorce: _	Place of Birth: ense No.: Separated City of Marriage: I	Area Co State / Divorced State	Zip Code □ Widowed Zip Code
Address: Number & Stree Age: Date of Social Security No.: Marital Status: Number of Previous Marital Status: Address of Spouse: Address of Spouse: Date of Marriage: Date of Separation: Date of Death of Spouse	f Birth: Married rriages: Street No.	City Driver's Lice Married and Name Place Date of Divorce: _	Place of Birth: ense No.: Separated City of Marriage: or □ N/A	State / Divorced State	de Zip Code □ Widowed Zip Code
Address: Number & Stree Age: Date of Social Security No.: Marital Status: Number of Previous Marital Status: Address of Spouse: Address of Spouse: Date of Marriage: Date of Separation:	f Birth: Married rriages: Street No.	City Driver's Lice Married and Name Place Date of Divorce: _	Place of Birth: ense No.: Separated City of Marriage: or □ N/A	State / Divorced State	de Zip Code □ Widowed Zip Code
Address:	f Birth: Married rriages: Street No. : yed?	City Driver's Lice Married and Name Place Date of Divorce: _	Place of Birth: ense No.: Separated City of Marriage: or □ N/A	State / Divorced State	Zip Code Zip Code Zip Code
Address: Number & Stree Age: Date of Social Security No.: Marital Status: Number of Previous Marital Status: Address of Spouse: Address of Spouse: Date of Marriage: Date of Separation: Date of Death of Spouse	f Birth: Married rriages: Street No. : yed?	City Driver's Lice Married and Name Place Date of Divorce: _	Place of Birth: ense No.: Separated City of Marriage: or □ N/A	State / Divorced State	de Zip Code □ Widowed Zip Code

If Native American, what Tr	ibe?	
Registered:	□ Yes □ No	
Relationship/Name of	of Indian Relative:	Birth Date:
If married, was pregnancy sh	nared with spouse? Yes No	
Physical Description:		
Height:	Weight:	Build:
Eye Color:	Hair Color &	Texture:
Complexion/Skin Co	olor:	
Distinguishing Physi	ical Features:	
Describe your sexual orienta		
Education:		
Name of Last Schoo	l Attended:	
Last Grade Complete	ed:	
Average Grades Atta		
Post High School Tr	aining:	
Subjects you were in	nterested in during school years:	
Goals and ambitions	:	
Hobbies, interests, a	nd pastime activities:	
Employment History	7:	
Current Occ	upation:	
	ployment:	
•	range	
	gth of time employed at above:	
Previous Oc	cupations:	
222.22.00		

Military Service?	•			
Discharge date	e and highest rank achiev	red?		
Health History:				
•	· ·			
Tresent General Treatti	1:			
Dominance:	□ right-handed	☐ left-handed		
Childhood Diseases:	C			
Major Surgery?	□ Yes □ No	If Yes, for wh	at condition(s):	
When Did Surgery Tal				
	tion:			
Were you or any members	ber of your immediate fa	mily adopted?	□ Yes □	No
Birth Mother's Mother:				
Name:		(Maid	len Name)	
Deceased? □ Yes □ No				
Birth date:	_			
Present Address:		, , .		
	Name of Street	City	State	Zip
Social Security Number:	Driver	's License No.:		
Marital Status:	ed	□ Separated	□ Divorced □	Widowed
Height:	Weigh	nt:	Eye Color	
Hair Color and Texture:				
Skin Color / Complexion:				
Race/Ethnicity:				
Nationality Background:				
Religion:				
Health/Medical Concerns:				
Birth Mother's Father:				
Name:				
Deceased? □ Yes □ No				

Birth date:	Current Age (if not deceased):	
Present Address:			
No. & Name		State Zip	
Social Security Number:	Driver's License No.	·· -	
Marital Status: □ Never Married	☐ Married ☐ Separated	□ Divorced □ Widowed	
Height:	Weight:	Eye Color	
Hair Color and Texture:			
Skin Color / Complexion:			
Race/Ethnicity:			
Nationality Background:			
Religion:			
Health/Medical Concerns:			
Birth Mother's Maternal Grandmo	ther/Grandfather:		
	Grandmother	Grandfather	
Name:			
If Deceased, age at death and cause			
of death			
Birth Date/Age			
Present Address			
Physical Appearance			
Health/Medical Concerns			
Birth Mother's Paternal Grandmot	her/Grandfather:		
	Grandmother	Grandfather	
Name:			
If Deceased, Age at Death and			
Cause of Death			
Birth Date/Age			
Present Address			
Physical Appearance			
Health/Medical Concerns			

Birth Mother's Brothers and Sisters:

Name:	(Maiden Name)
Deceased? □ Yes □ No If Yes,	Age at Death: Cause of Death:
Birth date:	Current Age (if not deceased):
Present Address:	
No. & Name of	f Street City State Zip
Marital Status: □ Never Married	□ Married □ Separated □ Divorced □ Widowed
Name of Spouse:	
Height:	Weight: Eye Color
Hair Color and Texture:	
Skin Color/Complexion:	
Health/Medical Coverage:	
Presently in School:	Name of School:
Last Grade Completed:	
Occupation:	Place of Employment:
Religion:	Aware of Child's Adoption:
Hobbies/Interests/Talents:	
Children:	General Health of Children:
Name:	(Maiden Name)
Deceased? \Box Yes \Box No If Yes,	Age at Death: Cause of Death:
Birth date:	Current Age (if not deceased):
Present Address:	
No. & Name of	J I
	☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Nama of Chausa.	
Name of Spouse:	
Height:	Weight: Eye Color
Height: Hair Color and Texture:	Weight: Eye Color
Height: Hair Color and Texture:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion: Health/Medical Coverage:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion: Health/Medical Coverage:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion: Health/Medical Coverage: Presently in School:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion: Health/Medical Coverage: Presently in School: Last Grade Completed:	Weight: Eye Color
Height: Hair Color and Texture: Skin Color/Complexion: Health/Medical Coverage: Presently in School: Last Grade Completed: Occupation: Religion:	Weight: Eye Color

Other Children Born to Birth Mother: Name: Birth date: _____ Current Age: With Whom Does Child Reside? (Relationship): Was Pregnancy and Delivery of This Child Normal: ☐ Yes ☐ No If not, please state problem(s): If Deceased, Age at Death and Cause of Death: Race/Ethnicity: Height: _____ Weight: _____ Eye Color Hair Color and Texture: Skin Color/Complexion: Last Grade Completed: _____ Presently in School: _____ General Health: Any Major Surgery: _____ Health Problems: If Health Problems are Present, Could They Be linked genetically to the Child that is placed for Adoption: Aware of Child's Birth and/or Adoption: _____ Name: Birth date: _____ Current Age: _____ With Whom Does Child Reside? (Relationship): Was Pregnancy and Delivery of This Child Normal: ☐ Yes \sqcap No If not, please state problem(s): _____ If Deceased, Age at Death and Cause of Death: Race/Ethnicity: _____ Height: _____ Weight: Hair Color and Texture: Eye Color _____ Skin Color/Complexion: Last Grade Completed: Presently in School: Any Major Surgery: _____ General Health: Health Problems: If Health Problems are Present, Could They Be linked genetically to the Child that is placed for Adoption:

Aware of Child's Birth and/or Adoption:

Medical History

Indicate by using abbreviations: Birth Mother (BM); Maternal Grandmother (MGM); Maternal Grandfather (MGF); Birth Father (BF); Paternal Grandmother (PGM); Paternal Grandfather (PGF); Sister (S); Brother (B)

Other Relative

Comments

(Specify)

ADD/ADHD Any cause known? **Allergies** Treatment Medication: Asthma Food Hay Fever **Insect Bites** Latex Other Alzheimer's Disease Type? How Severe? **Arthritis Blood Disease/Disorder** Anemia Hemophilia Leukemia Sickle Cell Trait/Disease Other Cancer Age at Onset? Treatment: Breast

For comments requesting additional information (i.e., allergy treatment/medications), please attach additional pages.

Specify Substances: Treatment Outcome:

What Type? Comments:

MEDICAL CONDITION

Bone

Colon/Rectal Kidney Liver Lung Ovarian Pancreatic Prostate Skin Other

Chemical Dependency

Family History of Drugs/Alcohol **Dental Problems**

BM

BF

Medical History

Other Relative

MEDICAL CONDITION	BM	BF	(Specify)	Comments
Developmentally Disabled				Type/Classification: Cause: Hospitalized?
Diabetes				Type? Age at onset? Treatment:
Gall Bladder Disease				
Gastrointestinal Problems				
Crohn's Disease				
Colitis				
Reflux				
Ulcers				
Hearing Impairments				Special Education? Treatment:
Deafness				
Hearing Impaired				
Heart/Circulation Problems				Age at onset? Treatment:
Congenital Heart Defect				
Heart Attack				
High/Low Blood Pressure				Medication?
Stroke				
Aneurysm				
Hormone Disorder				Age at onset? How treated?
Immune Deficiencies				
Aids				
HIV				
Kidney				Age at onset? Treatment?
Learning Disability				Special Education?
Liver Disease				
Cirrhosis				
Hepatitis A, B or C				
Mental Illness				Age at onset? Treatment? Hospitalization? Outcome:
Anxiety (Severe)				
Bipolar (Manic Depression)		Ì		
Depression				
Other Psychiatric Disorders				
Schizophrenia				
Neurological Conditions				Age at onset? Treatment:
Cerebral Palsy				
Huntington Disease		Ì		
Muscular Dystrophy				
Multiple Sclerosis				
Parkinson's Disease				
Seizures, Convulsions/Epilepsy				

Medical History Other Relative MEDICAL CONDITION BM BF (Specify) **Comments Physical Deformities or Defects** (not already listed) Club Foot Both Feet? How severe? Dwarfism Harelip (Cleft Palate) How severe? Spina Bifida Other **Pulmonary/Lung Condition** Cystic Fibrosis **Reproductive History** Birth Defects Specify: Infertility Cause: Miscarriage Number/Cause: Multiple Births Identical/Fraternal Still Births SIDS (Sudden Infant Death) **Sexually Transmitted Diseases** Chlamydia Condyloma Accumintal/HPV (genital warts) Genital Herpes Virus Gonorrhea **Syphilis** Skin Disorders Treatment Severe Acne Eczema **Psoriasis** Skin Pigmentation Other **Speech Problems** Special Education **Thyroid Condition** Treatment and Outcome Vision Blindness Cataracts Crossed Eye/Lazy Eye Detached Retina Eyeglasses Glaucoma Macular Degeneration Any other conditions that run Explain: in the family?

BIRTH FAMILY AND CHILD HISTORY PATERNAL

Birth Father History					
Information Provided	Ву:			Date:	
Identifying Informatio	n:				
Name:				Phone Numbe	r:
Address: Numb	per & Street Name	City		State	Zip Code
Age:	Date of Birth:	•	Place of Birth:		
Marital Status:		 □ Married		□ Divorced	□ Widowed
Number of Pro	evious Marriages:				
Name of Spou	ise: —				
Address of Sp	ouse:				
_	Street No. and	Name	City	State	Zip Code
Date of Marria	age:	Plac	e of Marriage: _		
Date of Separa	ation:	Date of Divo	rce:	_ Place of Divo	rce:
Date of Death	of Spouse:		or \square N/A		
Where is Spot	use Employed?				
Religion:		_Place of Wor	ship:		
Nationality Backgroun	nd:				
Race/Ethnicity:					
If Native American, w					
Registered:	□ Yes	□ No			
Relationship/N	Name of Indian Relative:			Birth	Date:
If married, was pregna	ancy shared with spouse?	□ Yes	□ No		
Marital Status:	□ Never Married	□ Married	□ Separated	□ Divorced	□ Widowed
Physical Description:					
Height:	Weigh	t:	Build:		
Eye Color:	Hair C	olor & Texture	2:		
Complexion /	Skin Color				
Distinguishing	g Physical Features:				
Describe your persona	ılity:				
, 1	•				

scribe your sexual orientation:
ucation: Name of Last School Attended:
Last Grade Completed:
Average Grades Attained in School:
Additional Training Obtained:
Do You Have Future Plans for Schooling?
Extracurricular activities in which you participated during school years:
Subjects you were interested in during school years:
Goals and ambitions:
Present hobbies, interests, and pastime activities:
Employment History:
Current Occupation:
Place of Employment:
Address:
Length of time employed at above:
Previous Occupations:
Military Service?
Discharge date and highest rank achieved?
alth History:
Present General Health:
Dominance: □ right-handed □ left-handed Childhood Diseases:

Major Surgery? □ Yes □ No If Yes	, for what condition(s):		
When Did Surgery Take Place:			
Other Information:			
Were you or any member of your immediate fa If yes, please tell whom:	mily adopted?		
Have you previously released a child and/or ha	d rights terminated on a	child? □ Yes	□ N
If so, when?			
Do you have any other children not residing wi	th you? □ Yes	□ No	
bo you have any other emidren not residing wi	an jour. \square res	□ 110	
	aryou. I res		
h Father's Mother			
h Father's Mother ne:	(Maiden Nam	e)	
h Father's Mother ne:	(Maiden Nam Cause of Death:	e)	
h Father's Mother ne: eased?	(Maiden Nam Cause of Death: f not deceased):	e)	
h Father's Mother le: leased?	(Maiden Nam Cause of Death: f not deceased): City	e) State	Zip
h Father's Mother ne: cased?	(Maiden Nam Cause of Death: f not deceased): City 's License No.:	e) State	Zip
h Father's Mother ne: cased?	(Maiden Nam Cause of Death: f not deceased): City 's License No.:	e) State Divorced	Zip □ Widowe
h Father's Mother le: leased?	(Maiden Nam Cause of Death: f not deceased): City 's License No.:	e) State Divorced	Zip □ Widowe
h Father's Mother le: leased?	(Maiden Nam Cause of Death: f not deceased): City 's License No.: rried □ Separated at:	State Divorced Eye Color	Zip □ Widowe
h Father's Mother ne: leased?	(Maiden NamCause of Death: f not deceased): City 's License No.: rried	State Divorced Eye Color	Zip □ Widowe
h Father's Mother ne: leased?	(Maiden NamCause of Death: f not deceased): City 's License No.: rried	State Divorced Eye Color	Zip □ Widowe
h Father's Mother ne: cased?	(Maiden NamCause of Death: f not deceased): City 's License No.: rried	e) State Divorced Eye Color	Zip □ Widowe

Birth Father's Father:					
Name:					
Deceased? □ Yes □				eath:	
Birth Date:	Cu	ırrent Age (if not d	eceased):		
Present Address:					
		reet	3		
Social Security Number:		Driver's Lice	ense No.:		
Marital Status:	Never Married	□ Married	□ Separated	□ Divorced	□ Widowed
Height:		Weight:		Eye Color:	
Hair Color and Texture:					
Skin Color / Complexion:				<u> </u>	
Racial Background:					
Nationality Background:					
Health/Medical Concerns:					
Birth Father's Paternal	Grandmother/G	randfather:			
		Grandmoth	er	Grar	ndfather
Name:		- Crandinovii		0141	
If Deceased, age at death a	and cause				
of death Birth date/Age					
Present Address					
Physical Appearance					
Health/Medical Concerns					
Birth Father's Paternal	Grandmother/G	randfather:			
Nama		Grandmoth	er	Gran	dfather
Name:					
If Deceased, Age at Death Cause of Death	and				
Birth date/Age					
Present Address					

Physical Appearance				
Health/Medical Concerns				
Birth Father's Brothers and Sisters	:			
Name:		(Maid	en Name)	
Deceased? □ Yes □ No If Ye	es, Age at Death:	Cause o	f Death:	
Birth date:	Current Age	(if not deceased):		
Present Address:				
	of Street	·	State	1
Marital Status: Never Married		-	□ Divorced	□ Widowed
Name of Spouse:				
Height:	_ Weig	ht:	Eye Col	or
Skin Color/Complexion:				
Health/Medical Coverage:				
Presently in School:	Name of Sch	ool:		
Last Grade Completed:				
Occupation:		Place of Empl	oyment:	
Religion:		Aware of Chil	d's Adoption:	
Hobbies/Interests/Talents:				
Children:		General Healt	h of Children:	
Name:				
Deceased?				
Birth date:				
Present Address: No. & Name	of Street	City	State	Zip
Marital Status: □ Never Married		·		□ Widowed
Name of Spouse:		-		
Height:			Eye Col	or
Health/Medical Coverage:				
Presently in School:				
Last Grade Completed:				
Occupation:			ovment:	
Religion:				

Hobbies/Interests/Talents:			
Children:	General H	General Health of Children:	
Other Children Born to Birth Father:			
Name:			
Birth date:		ge:	
With Whom Does Child Reside? (Relations	ship):		
Was Pregnancy and Delivery of This Child	Normal: □ Yes	□ No	
If not, please state problem(s):			
If Deceased, Age at Death and Cause of Dea	ath:		
Race/Ethnicity:	Height:	Weight:	
Eye Color	Hair Color and Tex	xture:	
Skin Color/Complexion:			
Presently in School:			
General Health:		Any Major Surgery:	
Health Problems:			
Health Problems: If health problems are present, are they link Aware of Child's Birth and/or Adoption:	ed genetically to the chi	ld that is placed for adoption?	
Health Problems: If health problems are present, are they link Aware of Child's Birth and/or Adoption: Name:	ed genetically to the chi	ld that is placed for adoption?	
Health Problems:	ed genetically to the chi	ld that is placed for adoption? ge:	
Health Problems:	ed genetically to the chi	ld that is placed for adoption? ge:	
Health Problems:	Current Agehip):	Id that is placed for adoption? ge:	
Health Problems:	Current Against Description of the Chiral Current Against Program of t	Id that is placed for adoption? ge:	
Health Problems:	ed genetically to the children	Id that is placed for adoption? ge:	
Health Problems:	ed genetically to the children	Id that is placed for adoption? ge:	
Health Problems:	ed genetically to the children	Id that is placed for adoption? ge: No Weight:	
Health Problems:	Current Agentically to the chiral color and Texture and the chiral color and Texture at the color and Texture color and	Id that is placed for adoption? ge: No Weight:	
Birth date:	Current Agentically to the chiral control of	de that is placed for adoption? Be Completed:	
Health Problems:	Current Agentically to the child and the child are considered as a considered at the color and Test and Color and Test Color a	de that is placed for adoption? Be Completed:	
Health Problems:	Current Agentically to the chire the chire that the	de that is placed for adoption? Be Weight: E Completed: Any Major Surgery:	

Birth Family and Child History.docx Oakland County Family Court, 2014