**Forever More**

Adoptions and Custody Evaluations

Crystal Baird Ph.D., LPC

8551 Boat Club Rd. Ste. 115

Fort Worth, TX 76179

Cmbaird2016@gmail.com

628-255-5002

**STATEMENT OF HEALTH**

**I, Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at my office on**

**Doctor’s name Patient’s name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appeared to be in good health.**

**Date Patient’s name.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s signature Date**

**Doctor’s Printed Name and Address:**