D.R.L. §112(3)(6) **Form 1-D**

S.S.L. §373-a (Child's Medical

History - Agency or

Private-Placement)

3/2017

**FAMILY COURT OF THE STATE OF NEW YORK**

# COUNTY OF

In the Matter of the Adoption of **Child's Medical History**

A Child whose First Name is **(Agency or Private-Placement**)

  File No. # \_\_\_\_\_\_\_\_\_\_\_\_\_

  Docket No. # ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Age and date of birth of child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

2. Has the child had any of the following illnesses or health problems:

 (Where indicated, specify below or on additional sheet)

\_\_\_ (AIDS Infection) \_\_\_ Hepatitis

 (HIV positive status)[[1]](#footnote-1) \_\_\_ Kidney disease

\_\_\_ Allergy to foods/other \_\_\_ Malaria

 substances \_\_\_ Mental/Behavioral disorders (specify):

\_\_\_ Allergy to medications \_\_\_ Mumps

 (prescription or over- \_\_\_ Parasites in stool

 the-counter) \_\_\_ Rheumatic Fever

\_\_\_ Asthma \_\_\_ Scarlet Fever

 \_\_\_ Chicken Pox \_\_\_ Sickle Cell Anemia/Trait

\_\_\_ Circulatory system \_\_\_ Tuberculosis

 disorders (specify): \_\_\_ Typhoid Fever

 \_\_\_ Diabetes \_\_\_ Urinary tract infection

\_\_\_ Diphtheria \_\_\_ Whooping Cough (Pertussis)

 \_\_\_ German Measles (Rubella) \_\_\_ Other (specify):

\_\_\_ Measles (Rubeola) \_\_\_ Operations/Accidents/Fractures

\_\_\_ Hay Fever (specify):

\_\_\_ Heart problems (specify):

3. Immunizations: give dates of the following:

D.P.T/D.T. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polio (oral) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles/Mumps/Rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemophilus Influenza B. (H.I.B.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heptavax/Hepatitis Immune Globulin \_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza (Flu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pneumonia vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis test (most recent/result) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List Pre-natal History:

\_\_\_ First trimester bleeding **?** Drugs (such as marijuana,

\_\_\_ Toxemia (high blood pressure heroin, methadone or

 or protein in the urine) amphetamines) (specify):

\_\_\_ Medications (other than

vitamins or iron) \_\_\_ Alcohol \_\_\_\_\_\_\_\_\_[[2]](#footnote-2) \_\_\_ Diabetes or thyroid

 problem (specify):

Birth:

Birth weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ length \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apgar score: 1 min. \_\_\_\_\_\_\_\_\_ 5 mins. \_\_\_\_\_\_\_\_\_\_\_\_

Date baby was due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date baby was born: January 31st, 2012

Complications of delivery:

\_\_\_ Premature rupture of membranes

\_\_\_ Caesarian: routine \_\_\_ emergency \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Excessive bleeding: abruption \_\_\_\_\_\_\_\_\_ placenta previa \_\_\_\_\_\_

Newborn:

\_\_\_ Resuscitation required

\_\_\_ Yellow jaundice:

lights \_\_\_\_\_\_\_ exchange transfusion \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infection (specify):

\_\_\_ Breathing problem (specify):

\_\_\_ Other (specify):

5. List congenital impairments, including physical defects, if any.

6. State present health or cause of death (give ages), if known, of:

Birth father: \_\_\_\_\_\_\_\_\_\_\_

Birth mother: \_\_\_\_\_\_\_\_\_\_\_

Siblings: full: \_\_\_\_\_\_\_\_\_\_\_

 Siblings: half: \_\_\_\_\_\_\_\_\_\_\_

7. If known, indicate whether birth mother had any of the following:

\_\_\_ Tuberculosis \_\_\_ Asthma

\_\_\_ Diabetes \_\_\_ Gastrointestinal disease,

\_\_\_ Mental or nervous (e.g., gall bladder, ulcer, disorder e.g., irritable bowel disorder)

schizophrenia, (specify):

depression, manic

depressive illness

(specify):

\_\_\_ Breast cancer

\_\_\_ Thyroid disease \_\_\_ Colon cancer

\_\_\_ Stroke \_\_\_ Cancer, other (specify):

\_\_\_ Sickle cell anemia

\_\_\_ (Aids infection) \_\_\_ Arthritis or rheumatism

 (HIV positive status)\* \_\_\_ Kidney disease

\_\_\_ High blood pressure (specify):

\_\_\_ Bleeding tendency \_\_\_ Alcoholism or other substance

\_\_\_ Eye or ear disorder abuse (specify):

\_\_\_ Intellectual Disability \_\_\_ Developmental disorder

\_\_\_ Physical disability (specify): (e.g., learning disability,

\_\_\_ Circulatory or blood (attention deficit)(specify):

disorders (specify):

\_\_\_ Obesity \_\_\_ Other (specify):

8. If known, indicate whether birth father had any of the following:

\_\_\_ Tuberculosis \_\_\_ Asthma

\_\_\_ Diabetes \_\_\_ Gastrointestinal disease

\_\_\_ Mental or nervous (e.g., gall bladder, ulcer, schizophrenia, irritable bowel disorder)

depression, manic (specify):

depressive illness

(specify):

\_\_\_ Thyroid disease \_\_\_ Colon cancer

\_\_\_ Stroke \_\_\_ Cancer, other

\_\_\_ Sickle cell anemia (specify):

\_\_\_ (AIDS infection)

 (HIV positive status)\* \_\_\_ Arthritis or rheumatism

\_\_\_ Kidney disease

 (specify):

\_\_\_ High blood pressure \_\_\_ Alcoholism or other substance

\_\_\_ Bleeding tendency abuse (specify):

\_\_\_ Eye or ear disorders

\_\_\_ Retardation: mental

\_\_\_ Physical disability \_\_\_ Developmental disorder

(specify) (e.g., learning disability,

\_\_\_ Circulatory or blood attention deficit disorder)

disorders (specify): (specify):

\_\_\_ Obesity \_\_\_ Other (specify):

Indicate source for information about child's medical history and the source(s) for information about medical history of birth father and birth mother and whether from direct or indirect source: **Information obtained from own personal knowledge and from birth father and medical records of child.**

Completed by (state official title, if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name of person who** completed form.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

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

  **,** Petitioner

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

 **,** Petitioner

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

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1. Delete inapplicable provision. [↑](#footnote-ref-1)
2. Delete inapplicable provision. [↑](#footnote-ref-2)