ADOPTION HOME STUDIES OF TULSA

As part of the evaluation for an adoptive home study, the prospective adoptive parent is

Dear Physician:

required to have a physical assessment that states that the <u>adoptive parent</u> is physically able to parent a child. Please assess the patient and complete this form which will be submitted into the court record.	
Patient Name:	Date of Examination:
Height:	Weight:
Temperature:	Blood Pressure:
Current Medical Status (Include any diagnosed conditions):	
List any communicable diseases, psychological conditions, or health issues:	
List any medications and prescriptions:	
Summary comments regarding the patient's ability to parent an adopted child:	
Physician's Printed Name	
	DATE
Physician's Signature	

Shay Patterson, MA Independent Home Study Provider (918) 260-0841 shay@adoptionhomestudiesoftulsa.com WWW.ADOPTIONHOMESTUDIESOFTULSA.COM PO BOX 1198 OWASSO, OK 74055