

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
ALICE O. McCOLLUM, JUDGE**

ADOPTION OF: _____

CASE NO.: _____

**MEDICAL STATEMENT FOR ADOPTIVE APPLICANT AND ALL
HOUSEHOLD MEMBERS**

Name _____ Date of Birth _____

Address _____

1. Have you had treatment for a serious or chronic illness? Yes No

Have you been hospitalized in the past five years? Yes No

Have you ever received, or been advised to seek, mental health services? Yes No

Have you ever received, or been advised to seek, treatment for alcohol/substance abuse? Yes No

If any are checked yes, please explain: _____

2. Have you or your parents, grandparents or siblings had any of the following? (*check all that apply and indicate whom*)

Arthritis _____ Heart Disease _____

Asthma _____ Hypertension _____

Cancer _____ Kidney Disease _____

Epilepsy _____ Tuberculosis _____

Diabetes _____ Ulcers _____

3. Is there a history of other hereditary disease?

Yes No

If you checked YES for any of the above questions, please explain: _____

CHILDREN IN THE HOME

NAME

DATE OF BIRTH

LIST ANY MEDICAL ISSUES

NAME	DATE OF BIRTH	LIST ANY MEDICAL ISSUES
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct.

DATE

SIGNATURE