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*Child, Adolescent & Family Therapies
Adoptive Home Studies*

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Dear Physician-

As a part of the evaluation for an adoptive home study, the prospective adoptive parent is required to have a physical assessment that assures the adoptive parent is physically able to parent a child. In addition, you are being asked to evaluate the health of the **child/children to be adopted**. Would you please assess the patient in this regard and fill out this form in its entirety to be submitted into the court record.

Patient name:

DOB:

Date of examination:

Current medical status:

Any communicable diseases or health issues:

Any medical/psychological concerns regarding this individual in regard to adoption:

Summary comments regarding patient's health and/or psychological status in regard to pursuing adoption within this family:

Physician-Printed name

Physician signature

Date

