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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. 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's ability to adopt:

Summary comments regarding patient's ability to parent an adoptive child:

Physician-Printed name

Physician signature

Date