

Biological Mother's Social History

(please print using blue or black ink)

Today's Date:	Due Date:	or Weeks Along:
Full Name (First, Middle, Last & Maiden)	Maiden:	
Permanent Address (No PO Boxes)		
City		
State		
County		
Zip		
Home Phone (w/area code)	Can we leave identifying messages? Yes No	
Work Phone (w/area code)	Can we contact you at work? Yes No	
Social Security Number		
Driver's License or ID (State and Number)		
Place of Birth (City, State, County)		
Birth Date		
Your Race/Heritage	Caucasian African-American Hispanic Native American Asian Other _____ (check all that apply)	
Nationality		
Occupation		
Marital Status	Single Married Separated Divorced Other If married, name of husband _____	
Any Previous Marriages		
If Divorced (Date, County &		

State Finalized)	
U.S. Citizen	Yes No If no, passport/visa # _____
Height	
Weight (before pregnancy)	
Eye Color	
Skin Color	Fair Olive Tan Dark Other _____
Hair Color/Texture	Blonde Brunette Red Other: _____
	Straight Naturally Curly Wavy Texture: _____
Body Structure	
Blood Type	
Right/Left Handed	

CURRENT WORK SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In							
Out							

Name of employer _____

Address of employer _____

What state are you a resident of? _____ Month/year residency started? _____

How long (months/years) have you lived at your current address? _____

Date and time of first contact with us _____

Whom did you first speak with? _____

How did you hear about us? _____

PREGNANCY AND ADOPTION DECISION

When and how did you first find out that you were pregnant? _____

Where and when do you think you conceived? _____

Does anyone in your family know about your pregnancy? Yes No

If yes, do they also know about your adoption plan? Yes No

If yes, are they supportive of your adoption plans? _____

Whom do you currently live with and are they supportive of your adoption plans? _____

Describe your feelings and the reasons why you are placing the child for adoption:

On a scale of 1 to 10 with 1 representing a mild interest/curiosity about the adoption option and 10 representing an absolute resolve to place your baby for adoption, where would you consider yourself to be at this time?

Explain the type of home and family you want for your child: _____

Have you ever worked with another adoption agency or lawyer? If so, please list the name of the person or entity you worked with and the dates you worked with them:

You are entitled to have an impartial witness (a person who does not have an employment, professional or personal relationship with the adoption entity or the prospective adoptive parents) present when you sign your Consent to Adoption. Please indicate your preference by placing your initials next to your choice below:

_____ I would like _____ to act as my impartial witness at the time that I sign my Consent to Adoption. He/she can be reached at phone # _____ or _____ I choose not to have such a witness.

Relationship Between Biological Parents

Do you know the identity of the biological father? Yes No
If so, please provide his full name:

Please provide his birth date: _____

Please provide his social security number: _____

Please provide his driver's license number and state of issuance: _____

Do you know where the biological father is now? Yes No
If so, please provide his address and phone number:

If not, please provide the following:

Last known address: _____

Last known phone number: _____

Last known place of employment (including address and phone number): _____

Names, addresses and phone numbers of relatives (including but not limited to parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former or current in-laws, stepparents, or stepchildren who might know the biological father's identity and/or whereabouts): _____

Names, addresses and phone numbers of friends: _____

Detailed physical description (if uncertain of biological father's identity, include description of all possible biological fathers):

	Age	Race	Height	Weight	Eye Color	Skin Color	Hair Color	Hair Texture	Build
BF#1	_____	_____	_____	_____	_____	_____	_____	_____	_____
BF#2	_____	_____	_____	_____	_____	_____	_____	_____	_____
BF#3	_____	_____	_____	_____	_____	_____	_____	_____	_____

Is the biological father in any branch of the Armed Services of the United States? Yes
No

If yes, list the branch and his last known location: _____

Is he also the father of any prior child(ren)? Yes No

Does he know about the pregnancy? Yes No

If yes, when was he informed of the pregnancy? _____

Does he know of your adoption plan? Yes No

Does he agree with your adoption plans? Yes No

Will he sign papers to place the child for adoption? Yes No

If yes, who first thought of the idea of adoption? _____

If no or unknown, please explain? _____

If applicable, describe your current relationship with the biological father. If you are no longer together, please state when the relationship terminated and why.

Are you involved in any litigation with the biological father? Yes No

If yes, please list the type of action, where it was filed and the names of any lawyers involved: _____

Is there any litigation pending regarding this child (custody, paternity, etc.)? Yes No

If yes, please list the type of action, where it was filed and the names of any lawyers involved: _____

Has the birth father lived with you before or during this pregnancy? Yes No

If yes, when? _____

Has he given or offered any support financially or emotionally during this pregnancy? (Explain in detail.)

Was he ever emotionally abusive of you during the pregnancy? (Explain in detail.)

Has he ever filed a petition to be declared the father of the child in any Court or otherwise been identified to be the father of the child? Yes No

If yes, what Court and when? _____

Please give the name, address and telephone number of any man with whom you were cohabiting at any time when conception of the child may have occurred.

Is there any possibility that any such man may be the biological father of the child? Why or why not?

Please provide the DATE and PLACE (including the TOWN or CITY, the COUNTY, and the STATE) where conception occurred.

If uncertain, please list all places (including the TOWN or CITY, the COUNTY, and the STATE) you have lived in, traveled through, or visited where conception may have occurred, along with the DATE(S) on which conception may have occurred. **If unsure of the date, calculate the likely date of conception based upon the birth or due date of child and give information for *the period beginning one month before and ending two months after the calculated conception date.*

Please list all places (including the TOWN or CITY, the COUNTY, and the STATE) where you have resided since conception occurred.

If you were married at any time you were pregnant and your husband is not the biological father of this baby, the courts require him to terminate his parental rights to the child. Please provide your husband's full name, permanent address, phone number w/area code, Social Security Number, and date of birth.

Detailed physical description of your husband:

Date of Birth	Age	Race	Height	Weight	Eye Color	Skin Color	Hair Color	Hair Texture	Build
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If applicable, is your husband aware of the pregnancy? Yes No

If yes, is he aware of your adoption plans? Yes No

If applicable, will your husband consent to the adoption? Yes No

CHILDREN (other than child to be adopted)

Do you have other children? Yes No

Do the children currently live with you? If no, explain _____

As to each, please give the following information (additional space next page):

Name and Date of Birth	Gender M/F	School Grade	Height __ft __ in	Weight ___ lbs	Hair Color	Eye Color	Complexion	Please circle
								Full Term, Overdue, Premature
								Full Term, Overdue, Premature
								Full Term, Overdue, Premature

** Use the back of this form if necessary**

PREGNANCY HISTORY

Is this your first pregnancy? Yes No

If no, how many prior pregnancies? _____

Please indicate what occurred with these pregnancies: (indicate #)

Abortion: ____ Miscarriage: ____ Birth: ____ Vaginal delivery: ____ C-Section: ____

Were there any problems with prior pregnancies or births? Yes No

If yes, please describe: _____

PREGNANCY INFORMATION

When is your due date? _____

What is the race of your baby? (check all that apply)

Caucasian African-American Hispanic
Native American Asian Other _____

Have you taken any medication during this pregnancy? Yes No

If yes, what medication and at what time? _____

Have you been involved in any accidents during this pregnancy? Yes No

If yes, please describe in detail: _____

Have you had any complications during this pregnancy? Yes No

If yes, please explain: _____

Have you had X-ray, EKG, or radiation exposure during this pregnancy? Yes No

If yes, please explain: _____

LABOR AND DELIVERY INFORMATION

Are you seeing a doctor during your pregnancy? Yes No

If yes, Doctor's Name/name of practice: _____

Address: _____

Phone w/ area code: _____

If applicable, what month of your pregnancy did you begin prenatal care? _____

Please list all medical providers who have provided medical treatment or care to you and the child (include name, address, and telephone number).

At which hospital will you be delivering?

Name _____

Address: _____

Phone w/ area code: _____

Have you registered with the hospital yet? Yes No

Are you aware of their policies regarding adoption? Yes No

Have you spoken with anyone at the hospital about your adoption plan? Yes No

If yes, please list their name and their position or title _____

MEDICAID INFORMATION

Do you have Medicaid? Yes No

If no, are you willing to apply? Yes No

If yes, date applied and Medicaid number? _____

What state/county is your Medicaid issued through? _____

Date benefits begin: _____

INSURANCE INFORMATION

Do you have medical insurance coverage? Yes No

If yes, Company name: _____

Address: _____

Phone Number: _____

Policy Number: _____

What percentage of your insurance will cover this pregnancy? _____

CONTACT WITH THE ADOPTIVE FAMILY

Do you want to select the adoptive family? Undecided Yes No

Do you want pictures/letters from the family after the adoption? Undecided Yes No

If yes, for how long? _____

Do you want to meet the adoptive family at the time of placement? Yes No

Biological Mother's Extended Family

(complete to the best of your knowledge)

	Your Mother	Your Father	Your Sister(s)	Your Brother(s)
Name				
Age or Year of Birth				
Race				
Education				
Hobbies/ Interest				
Occupation				
Height				
Weight				
Hair Color				
Eye Color				
Complexion (skin tone)				

Please list any additional information on the back of this form

Biological Mother's Grandparents

(complete to the best of your knowledge)

	Your Mother's Mother	Your Mother's Father	Your Father's Mother	Your Father's Father
Name				
Age or Year of Birth				
Race				
Education				
Hobbies/ Interest				
Occupation				
Height				
Weight				
Hair Color				
Eye Color				
Complexion (skin tone)				

Please list any additional information on the back of this form

Educational History

Number of years attended: Grade School ____ High School ____ Other _____

Educational Achievements: _____

Educational Goals: _____

Vocational and/or other training: _____

What are your hobbies and interests? _____

OLDER CHILD(REN)

(If the child that you are planning to place for adoption has already been born please complete the following information)

Child's name: _____

Child's date of birth: _____

Child's social security number: _____

Hospital where child was born: _____

City and State where child born: _____

Child's religion: _____

Delivery History for older child

Duration of labor: _____ Blood Type: _____ R.H. factor: _____

Type of delivery: c-section vaginal Forceps used? Yes No

Anesthesia/medication used: _____

Has the father of the child ever had custody of the child? Yes No

Has he ever contributed to the support and maintenance of the child? Yes No

If yes, when and how? _____

Have any relatives ever had custody of the child?

Yes No

If yes, who and for how long? _____

Please list every address where the child has lived from birth to present, the names of all persons who resided at each address and the time period of residence:

Has there ever been a court proceeding involving the child. If so, please list the type of proceeding (shelter, dependency, termination, paternity, custody, child support, etc.), who the parties were, where the suit was filed, whether it is still pending, its disposition or any other relevant matter.

Please list all doctors who have treated the child, including all therapist and psychologist. Please provide their phone numbers and addresses.

Please list all schools the child has attended, including the city and state:

Biological Mother's

Medical History

Please complete the following information as accurately as possible. We have wonderful adoptive families willing to accepted children having any medical condition or exposed to any drugs or alcohol. The information is utilized to determine the health of your baby.

HEALTH HISTORY OF BIOLOGICAL MOTHER

Place an "X" if the listed medical condition exists in your medical history or if any relatives or other family members have/had any of the conditions. If one of your relative's deaths was the result of a particular medical condition, note it on the comments section to the right of the condition and write the age at which they died.

Medical Condition	You	Your mother	Your father	Your brother(s) or sister(s)	Your children	Indicate cause, treatment, medications, parts of body involved, age onset or other explanations. When more than one condition or family member is involved please
HIV/AIDS (medications prescribed)						
Cancer (be specific)						
Diabetes (insulin dependent Yes No)						
Retardation: mental or physical (be specific)						
Down's Syndrome						
Hydrocephalus (water on the brain)						
Other developmental disorders (be specific)						
Diagnosed schizophrenia (medications prescribed)						
Diagnosed manic depressive (medications prescribed)						
Sickle cell anemia or trait						
Cystic fibrosis						
Leukemia						
Club foot or any orthopedic problem						
Harelip (Cleft lip) or Cleft palate						
Cerebral Palsy						
Muscular dystrophy						
Dwarfism						
Spina Bifida						
Congenital heart defect (be specific)						
Tuberculosis						

Medical Condition	You	Your mother	Your father	Your brother(s) or sister(s)	Your children	Indicate cause, treatment, specific medications, parts of body involved, age onset or other explanations. When more than one condition or family member is involved please
Hay fever						
Food allergy(s)						
Drug allergy(s) (name of drug(s))						
Other allergy(s) (be specific)						
Farsighted						
Nearsighted						
Different color eyes						
Night blindness						
Glaucoma						
Blindness (cause of blindness)						
Other visual problems (be specific)						
Sinus or nasal problems						
Ear infections						
Deafness (cause of deafness)						
Other ear problems (be specific)						
Teeth problems						
Gum disease						
Hypertension (high blood pressure)						
Heart murmurs						
Heart attack (coronary)						
Hemophilia (free bleeder)						
Stroke						
Anemia						
Heart Surgery (date of surgery)						

Medical Condition	You	Your mother	Your father	Your brother(s) or sister(s)	Your children	Indicate cause, treatment, specific medications, parts of body involved, age onset or other explanations. When more than one condition or family member is involved please
Any other heart or circulatory problems (be specific)						
Asthma (medications prescribed)						
Chronic Bronchitis						
Sudden Infant Death Syndrome (SIDS)						
Frequent pneumonia						
Other respiratory disorders						
Ulcers (be specific)						
Colitis						
Gall bladder problem						
High Cholesterol						
Obesity						
Anorexia/Bulimia						
Colon Cancer						
Other Digestive Disorders (be specific)						
Bladder Problems						
Kidney problems						
Speech problems						
Learning disability (specific diagnosis)						
Eczema or other skin conditions						
Alcoholism or heavy drinking						
Drug abuse (list specific drugs)						
Other mental or behavioral disorders (be specific)						
Multiple sclerosis						

Medical Condition	You	Your mother	Your father	Your brother(s) or sister(s)	Your children	Indicate cause, treatment, specific medications, parts of body involved, age onset or other explanations. When more than one condition or family member is involved please
Lou Gehrig's disease						
Seizures or convulsions (medications prescribed)						
Huntington's disease						
Epilepsy						
Migraine headaches						
Other nervous system disorders (be specific)						
Arthritis						
Hodgkin's disease						
Cysts, lumps, or growths						
Tumors						
Endometriosis						
Menstrual problems						
Problem pregnancies						
Other Medical Conditions (be specific)						
Other						
Other						
Other						

CONFIDENTIAL DRUG/ALCOHOL USAGE

Please be very specific as to any drugs or alcohol used during your pregnancy, including the number of times and the dates of usage. This information is very important for the prediction of your child's health. This information will be passed along to the adoptive family and to the child's pediatrician. Place an 'X' in the applicable boxes and leave blank all other boxes.

DRUG & ALCOHOL USAGE	Used occasionally (1-5 times) during pregnancy	Used daily during pregnancy	Used weekly during pregnancy	Used monthly during pregnancy
Cigarettes				
Alcohol				
Marijuana				
Cocaine				
Methamphetamines				
Heroin				
Ecstasy				
Methadone				
LSD				
Stimulants (Caffeine included)				
Depressants				
Diet Pills				
Tranquilizers				
Anti-Convulsants				
Other (be specific)				
Other (be specific)				

Please be specific about any prescription drugs used or prescribed during your pregnancy:

Name: _____

Prescribed for: _____

Length used: _____

Please list any other medical issues that were not covered in the information above:

Please list any additional comments, concerns or questions you may have that we may be able to assist you with:

I represent that the information contained in the Biological Mother's Social and Medical History is true and accurate. I acknowledge that the adoptive family and other parties will rely on this information in making a determination to proceed with the anticipated adoption and the Court will rely on this information during the adoption related proceedings. I hereby waive any claim of privilege and agree that the information contained on this form and any information provided by myself, my counselors and my physicians may be given to the adoptive parents, their agency, their attorney, other attorneys, and other state officials, including law enforcement authorities, through all communication medium.

I further understand that I am entering into a program that places children for adoption and any false statements may be viewed as perjury and in violation of penal laws of my state and may subject me to criminal and/or civil penalties under the law. I also understand that working simultaneously with more than one attorney, agency or adoptive couple may subject me to criminal and/or civil penalties under the law.

In my written and verbal communications in connection with my adoption plan, I have not provided any false or misleading information of any kind including information concerning myself, the biological father or the background or medical history of my family.

I hereby authorize the Adoption Entity to make inquiry about the truthfulness of the statements made in this document and the circumstances of this placement with other medical, legal and adoption professionals through all communication medium.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in the document are true.

Signature

Date