



Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

www.adoptionformychild.com

team@adoptionformychild.com

[\(801\) 559-7444](tel:(801)559-7444)

"Chelsey"

www.adoptionformychild.com/available-situations/Chelsey/

Date Posted:

08/13/2020

Application Deadline:

Ongoing

Open To:

All States **EXCEPT** New York

Mother's Location:

Louisiana

Due Date:

February 14, 2021

Level of Openness:

Open Updates, Phone Calls, Visits, Letters, Videos, Pictures

Child's Ethnicity:

Biracial, African-American, Caucasian

Child's Gender:

Unknown Gender

Requested Family Criteria:

Married couples, Male/Female couples, Same Sex Couples- Birth Mother wants a very open adoption with face-to-face visits, emails, text. She is open to same sex couples and traditional couples. Prefers no single parents.

She wants a very open adoption - multiple visits throughout the year. She would like them to live nearby (meaning Louisiana, Mississippi, Alabama or Texas - as long as it's along the board of LA).

Drug Exposure:

Cigarettes -

No medical concerns at this time. Birth mother stated she did E-cig but quit about 4 weeks ago. She also stated she consumed alcohol a mixed drink daily but stopped about 2 weeks ago. She also has a prescription for Adderall.

Additional Information:

35yr old Caucasian women. She is 5'5 tall and 150 pounds. Brown hair, Hazel eyes. Approved for Medicaid. Began prenatal care in August 2020.



Adoption Cost & Fee Breakdown

Cost - More Details

FEES (n/r = non-refundable)

Application Fee (due at match)	\$750 (n/r)
Agency Fee (portion due at match)	\$4,500 (n/r, will rollover to another situation if adoption fails)
Case Management Fee (due at match)	\$4,000 n/r
Birth Mother Counseling (due at match)	\$1,000 retainer, unused portion is refundable
Ancillary Fee (due at match)	\$500 retainer, unused portion is refundable
Birth Mother Living Asst. (due at match)	\$7,500 unused portion is refundable
Attorney Retainer (portion due at match)	\$1,500 retainer, unused portion is refundable
Agency Legal (due at placement)	\$500
Consent Coordination (due at placement)	\$1,500
ICPC (due at placement)	\$1,500
Balance of Attorney (due at placement)	\$6,000 Legal Fees include finalization in Louisiana
Agency Fee (due at placement)	\$14,500

DUE AT MATCH: \$19,750

DUE AT PLACEMENT: \$24,000

TOTAL ADOPTION: \$43,750

TOTAL ESTIMATED COST OF THE ADOPTION: \$43,750.00

(Basic Members - Please at \$3,000 to total cost above for AFMC Networking Fee)

REFUNDED IF ADOPTION FAILS:

DUE UPFRONT IF/WHEN YOU ARE CHOSEN

- Paid to the Adoption Entity: \$19,750.00*
- AFMC Networking Fee (Basic Members Only): \$3,000**
- AFMC Profile Submission Fee (Basic Members Only): \$25

***Funds are due within 48 hours of being selected by the expectant mother.** Under NO circumstances should you submit your profile or request to be considered **UNLESS** you have the ability to immediate access to the liquid funding necessary to pay the upfront fees listed above. Please be realistic in regards to your ability to pay the total estimated cost of the adoption by the time the expectant mother delivers her child. If you do not have the total amount required for this adoption available, AFMC recommends that you get PRE-APPROVED for an adoption loan BEFORE you submit for this or any other situation that exceeds your current budget to make sure the adoption will not fall through due to an inability to pay.

****Upgrade your membership to Elite or Ultimate level before submitting your request to avoid paying this fee**



HOW TO BE CONSIDERED BY THE EXPECTANT MOTHER

REQUIRED

- A completed **US Domestic Private** home study
- A PDF profile no more than 12 pages (including cover page) about your family with no contact information listed inside.***
(IMPORTANT: a link to an online profile WILL NOT be accepted)
- **An active membership** with AFMC
(membership options start at \$0 per month)
- Complete AFMC's "New Member Questionnaire"
(provided after you register for a membership)
- Read and sign AFMC's Service Agreement
(provided after "New Member Questionnaire" is completed)

OPTIONAL

- Letter to Expectant Mother
(providing one is highly encouraged, but not required)
- Family Interview Video
Contact AFMC for more details

NOTE: All documents must be formally approved by AFMC before you can request to have your profile sent to the expectant mother.)

Apply for this Situation

<https://www.adoptionformychild.com/available-situations/Chelsey/#request/>

Contact Us

Email: team@adoptionformychild.com
Amy Senior Cell: [\(801\) 559 - 7444](tel:8015597444) (call or text)

8/13/2020

Birth Mother:	CHELSEA
State:	LOUISIANA
Due Date:	2/14/2021 (EDD)
Race of Baby:	Caucasian/African American
Gender:	Unknown
Description of BM:	35yr old Caucasian women. She is 5'5 tall and 150 pounds. Brown hair, Hazel eyes. Approved for Medicaid. Began prenatal care in August 2020.
Medical:	No medical concerns at this time. Birth mother stated she did E-cig but quit about 4 weeks ago. She also stated she consumed alcohol a mixed drink daily but stopped about 2 weeks ago. She also has a prescription for Adderall.
Birth Father	She is unsure who the birth father is, but states he is African American.
BM Requests:	Birth Mother wants a very open adoption with face-to-face visits, emails, text. She is open to same sex couples and traditional couples. Prefers no single parents.

FEES (n/r = non-refundable)

Application Fee (due at match)	\$750 (n/r)
Agency Fee (portion due at match)	\$4,500 (n/r, will rollover to another situation if adoption fails)
Case Management Fee (due at match)	\$4,000 n/r
Birth Mother Counseling (due at match)	\$1,000 retainer, unused portion is refundable
Ancillary Fee (due at match)	\$500 retainer, unused portion is refundable
Birth Mother Living Asst. (due at match)	\$7,500 unused portion is refundable
Attorney Retainer (portion due at match)	\$1,500 retainer, unused portion is refundable
Agency Legal (due at placement)	\$500
Consent Coordination (due at placement)	\$1,500
ICPC (due at placement)	\$1,500
Balance of Attorney (due at placement)	\$6,000 Legal Fees include finalization in Louisiana
Agency Fee (due at placement)	\$14,500

DUE AT MATCH: \$19,750

DUE AT PLACEMENT: \$24,000

TOTAL ADOPTION: \$43,750

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

PROFILE PAGE:

WHAT IS YOUR FULL NAME (FIRST, MIDDLE, LAST): Chelsea [REDACTED]

ANY PREVIOUS LAST NAMES:

YOUR AGE: 35

WHEN ARE YOU DUE: 02/14/2021

WHAT IS THE RACE OF YOUR BABY/CHILD: white/black

DO YOU KNOW THE GENDER OF YOUR BABY/CHILD: No

BIRTH FATHER FULL NAME (FIRST, MIDDLE, LAST): Unknown

HIS AGE: 29 or 42

WHAT IS THE BIRTH FATHER'S RACE: Blk

WHAT STATE WAS YOUR BABY CONCEIVED? Ms or Ia

DO YOU KNOW WHAT TYPE OF ADOPTION YOU WOULD LIKE (OPEN, SEMI-OPEN, CLOSED, UNSURE):
Extremely open

IS YOUR FAMILY AWARE OF YOUR PREGNANCY? No

ARE THEY AWARE OF YOUR ADOPTION PLAN? No

IF YES, ARE THEY SUPPORTIVE OF YOUR ADOPTION PLAN?

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Date: 08/10/2020

Name: Chelsea [REDACTED]

Address: [REDACTED]

City/State/Zip: [REDACTED]

How long have you lived here? 6 months

Do you live alone?

Cell Number: [REDACTED]

Is it okay to leave a message on this phone if we identify ourselves as ? Can we text you? Yes
Y ___y ___n

Email Address: [REDACTED]

How often do you check your email? Daily

Maiden or Previous Name(s) if applicable:

Are you Married? No

If so, is your husband the birth father?

If no, who is the birth father? Unk

Have you ever been divorced? Yes

If yes, what is the date of your divorce? 2011

Social Security Number:

Birth Date: 04/22/1985

Place of Birth: Illinois

Race: White

Drivers License Number:

State Issued: La

Any restrictions? None

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Do you have private health insurance? No

If yes, Name on policy:

Name of insurance company:

Group Number:

ID Number:

Do you have Medicaid? Applied

If yes, Medicaid number:

Is it active?

Name of Case Worker:

Phone number:

Do you have Medicare?

If yes, Medicare number:

Is it active?

Do you receive Social Security?

If yes, why?

Religion? Non denominational

Where you ever in the Military? No

If yes, what branch?

Education (High School/College/Etc.): Hs

Last grade completed: 12

Occupation: GM

Currently employed? Possibly

How do you financial support yourself? Salaried employment

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Physical Information About You:

Height: 5'5

Pre-Pregnancy Weight: 150

Hair Color: Brown

Eye Color: Hazel

Complexion: Olive

General Build/Body Type: Big boned

Are you right or left handed? Right

Do you wear glasses? Reading

Hobbies/Talents:

None/none

Future Plans:

More schooling hopefully

PERSONALITY (DESCRIBE YOU)

Very Merida versatile as a child teenage young adult very outgoing spontaneous rebel like and as I got older more calm reserved relaxed business-oriented I also have been very fueled I am ocean my whole life an overly dramatic sometimes and so are my children

What happens when you become angry? Depends

What do you like about yourself? Different things on different days

What would you like to change about yourself?

EVERYTHING I'm My own worst critic and I've been mentally and emotionally worst critic and I've also been emotionally and mentally abused so if you to ask me these questions a couple years ago my answers probably would have been

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Family History:

Where were you born? Granite city ill

Citizenship?

How many brothers and/or sisters do you have? Half bro

What is your parents' relationship with each other? Father is deceased

Family Heritage (example: English, African, French, German, Italian, etc.) Unknown

Mother's side: Unknown

Father's side: Unknown

Brief history of your childhood & growing up:

Very complicated it's like I had two different life

Native American Indian? None register

Important: if yes, please complete the following:

Name of person registered:

Birth date:

Tribe name:

Tribe location:

If you or a member of your family are registered with a Native American Indian Tribe, it is important that we have the above information ahead of time in order to help your adoption go smoothly.

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Medical History:

What is your general health? Fair

Any allergies? None

Have you ever had any serious illnesses or accidents? If yes, please describe.

Gal stones kidney stones severe car wreck resulted in broken neck

Have you ever been seen by a mental health or behavioral health therapist, psychologist?

No

If yes, what emotional or psychological problems have you had?

Type of treatment?

When (dates)?

Any medication(s) prescribed during treatment?

Any diagnosis?

Situational or hereditary?

Did you have psychiatric hospitalization?

If yes, dates?

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Pregnancy

DUE DATE: 02/14/2021

When did you learn of your pregnancy? Couple weeks ago

When did you begin prenatal care? Aug 20 will be first obg

Have you had any of the following:

- any problems during pregnancy? Nothing diginnois
- any accidents or abuse during your pregnancy? None
- any x-rays, radiation, etc. during your pregnancy? Ct scan
- German Measles, Venereal Diseases, Virus or other infections during your pregnancy?

If yes to any of the above, please describe below:

Ct scan on june 12

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Drug & Alcohol Usage

Have you used any of the items below during your pregnancy. Answer yes or not. If yes, please share with us how often (daily, weekly, couple times a month, etc.)

EXAMPLE: Yes, I smoke a 1 pack each week.

Cigarettes Ecig 100 puffs a day quit 4 weeks ago

Alcohol Mixed drink daily Quit 2 weeks ago

Marijuana N

Cocaine/Crack N

Huffing N

Spice N

Amphetamines N

Heroin N

Ecstasy N

Methadone/Suboxone/Subutex N

Stimulants Asdirall

Depressants N

Diet Pills N

Cortisone N

Barbiturates N

Lithium N

Accutane N

Steroids N

Tetracycline N

Sleeping Pills N

ACE Inhibitors N

Nose Drops/Spray N

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

About Your Children:

If you have other children, list them below. Include any children previously placed for adoption. If any child is deceased, please provide cause of death.

Child #1 (name, gender, age, any health concerns)

Male 16 hersprung disease adhd

Child #2 (name, gender, age, any health concerns)

Female female 7 none

Child #3 (name, gender, age, any health concerns)

Female 6 none

I acknowledge that the information on this *BIOLOGICAL MOTHER MEDICAL & SOCIAL HISTORY* form is accurate to the best of my knowledge.

Name Chelsea [REDACTED]

Signature [REDACTED]

Date 08 / 11 / 2020

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Contact with Adoptive Family & Child to be Adopted:

Check all that apply. Do not feel that you need to make any decisions about the type of contact you want right now. Choosing "undecided" is okay. There may also be other options for you besides what is listed here. Your adoption coordinator will be able to assess your needs as she gets to know you and can help you make these decisions.

BEFORE BIRTH:

Emails ☒

Call/Text ☒

Meeting face-to-face ☒

AFTER BIRTH:

Emails ☒

Calls/Text ☒

Face-to-face visits ☒

Letters/Pictures ☒

If you would like an open adoption, please describe what type of openness you would like. If you are unsure at this time, you can discuss this with your adoption coordinator for some guidance.



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Adoptive Family Characteristics:

If you choose adoption, what type of the family would you like your child to have? This worksheet may help you determine what you are looking for in an adoptive family. Check the box that most closely fits your wishes. If you have other desires, please discuss this with your adoption coordinator.

	A Must	I'm fine either way	Prefer Not
MARRIED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SINGLE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NON-TRADITIONAL COUPLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER CHILD(REN) ALREADY IN FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COLLEGE EDUCATED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RELIGIOUS PREFERENCE, PLEASE SPECIFY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIVE IN A RURAL OR SEMI-RURAL ENVIRONMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIVE IN LARGE CITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ENJOY/SPEND TIME OUTDOORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PARENT ~ SAME RACE AS CHILD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POST-ADOPT CONTACT: LETTERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POST-ADOPT CONTACT: VISITS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Mother **Relative**

Medical Condition	Yes	No	Relationship to Mother (please specify)
Arthritis			
Rheumatoid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Osteo	<input type="checkbox"/>	<input type="checkbox"/>	
Juvenile	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Handicaps			
Cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	
Harelip	<input type="checkbox"/>	<input type="checkbox"/>	
Congenital heart defect	<input type="checkbox"/>	<input type="checkbox"/>	
Fetal alcohol syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Fetal drug exposure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hydrocephalus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer			
Breast	<input type="checkbox"/>	<input type="checkbox"/>	
Cervical	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine	<input type="checkbox"/>	<input type="checkbox"/>	
Ovarian	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Hodgkin's disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bone	<input type="checkbox"/>	<input type="checkbox"/>	
Lung	<input type="checkbox"/>	<input type="checkbox"/>	
Melanoma (skin)	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	
Liver	<input type="checkbox"/>	<input type="checkbox"/>	
Malignant tumor	<input type="checkbox"/>	<input type="checkbox"/>	
Benign tumor	<input type="checkbox"/>	<input type="checkbox"/>	
Blood problems	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Cooley's anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	
Addison's disease	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle cell trait	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Cardiac Conditions			
Arteriosclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	
Mitral valve prolapse	<input type="checkbox"/>	<input type="checkbox"/>	
Angina	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Chromosomal Abnormalities			
Down's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Turner's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Conditions			
Periodontal disease	<input type="checkbox"/>	<input type="checkbox"/>	
Gingivitis	<input type="checkbox"/>	<input type="checkbox"/>	
Overbite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underbite	<input type="checkbox"/>	<input type="checkbox"/>	
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple cavities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Educational Handicaps		
Mental retardation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attention deficit disorder	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impaired (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Speech problems (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Learning disorder (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health		
Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Manic depressive	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia	<input type="checkbox"/>	<input type="checkbox"/>

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Musculoskeletal conditions			
Cerebral palsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Clubfoot	<input type="checkbox"/>	<input type="checkbox"/>	
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	
Slipped disk	<input type="checkbox"/>	<input type="checkbox"/>	
Pinched nerve	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory conditions			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies/hay fever	<input type="checkbox"/>	<input type="checkbox"/>	
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Drug allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Reactive airway disease	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Sexually transmitted disease			
Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic inflammatory	<input type="checkbox"/>	<input type="checkbox"/>	
Skeletal abnormalities			
Dwarfism	<input type="checkbox"/>	<input type="checkbox"/>	
Hunchback	<input type="checkbox"/>	<input type="checkbox"/>	
Easily broken bones	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	
Malformed features or organs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal digits (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Skin conditions			
Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	
Seborrhea	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Visual conditions			
Blindness	<input type="checkbox"/>	<input type="checkbox"/>	
Retinitis pigmentosa	<input type="checkbox"/>	<input type="checkbox"/>	
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	
Near sighted	<input type="checkbox"/>	<input type="checkbox"/>	
Far sighted	<input type="checkbox"/>	<input type="checkbox"/>	
Color blindness	<input type="checkbox"/>	<input type="checkbox"/>	
Crossed eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Lazy eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	
Astigmatism	<input type="checkbox"/>	<input type="checkbox"/>	
Other illnesses			
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Tourettes syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>	
Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid disease/disorder	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	
Endometriosis	<input type="checkbox"/>	<input type="checkbox"/>	
Gall stones	<input type="checkbox"/>	<input type="checkbox"/>	
Lupus	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	
General Health Issues			
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	
Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple births	<input type="checkbox"/>	<input type="checkbox"/>	
Premature babies	<input type="checkbox"/>	<input type="checkbox"/>	
Sids	<input type="checkbox"/>	<input type="checkbox"/>	
Apnea monitor	<input type="checkbox"/>	<input type="checkbox"/>	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Additional Comments regarding health background:

A solid black rectangular box used to redact the signature of the birth mother or guardian.

Signature of Birth Mother (or Guardian)

08 / 11 / 2020

Date

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

TITLE	Adoption Planning Packet
FILE NAME	Birth Mother MedSoc_1a.pdf
DOCUMENT ID	55f0a4619185dc3d9ccf922e90a7ae04866726ab
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History



SENT

08 / 10 / 2020

21:21:36 UTC-5

Sent for signature to Chelsey [REDACTED]
from IP: 76.224.209.50



VIEWED

08 / 10 / 2020

21:33:39 UTC-5

Viewed by Chelsey

IP: 172.58.169.40 [REDACTED]



SIGNED

08 / 11 / 2020

05:53:03 UTC-5

Signed by Chelsey [REDACTED]

IP: 172.58.168.255



COMPLETED

08 / 11 / 2020

05:53:03 UTC-5

The document has been completed.