

**PSYCHOSOCIAL AND MEDICAL HISTORY OF CHILD**

CHILD'S ADOPTED NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE:
DATE OF ADOPTIVE PLACEMENT:	AGE AT ADOPTIVE PLACEMENT:	BIRTHPLACE:	
COMPLETED BY:	DATE COMPLETED:	CASE NO./AGENCY ID:	

ANY DOCUMENTS ATTACHED TO THIS FORM SHALL COMPLY WITH TITLE 22, CALIFORNIA CODE OF REGULATIONS SECTION 35195 (AGENCY) OR SECTION 35094 (INDEPENDENT) REGARDING THE DELETION OF IDENTIFYING INFORMATION.

THE CASEWORKER OF THE AGENCY PLACING THE CHILD OR THE AGENCY INVESTIGATING THE ADOPTION PETITION SHALL IDENTIFY, BY WRITING HIS OR HER INITIALS IN THE SPACE PROVIDED, WHICH ITEMS LISTED BELOW ARE ATTACHED TO THIS FORM.

- \_\_\_\_\_ CHILD'S ADOPTION ASSESSMENT: Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
(22 CCR Section 35127.1 (agency)/22 CCR Section 35093 (independent))
- \_\_\_\_\_ CHILD'S BIRTH MOTHER'S BACKGROUND INFORMATION (AD 67 and narrative description)
- \_\_\_\_\_ CHILD'S BIRTH FATHER'S BACKGROUND INFORMATION (AD 67a and narrative description)
- \_\_\_\_\_ CHILD'S BIRTH RECORDS. Name of Hospital: \_\_\_\_\_
- \_\_\_\_\_ CHILD'S POST-BIRTH MEDICAL CARE RECORDS

The following medical records are attached:

NAME OF PROVIDER	TYPE OF PROVIDER	DATES

\_\_\_\_\_ DEVELOPMENTAL AND BEHAVIORAL HISTORY

The following evaluations or assessments regarding the child's developmental, cognitive, emotional and/or behavioral functioning are attached:

TYPE OF REPORT	PROVIDER	DATE OF REPORT

- \_\_\_\_\_ CHILD'S FOSTER CARE **HEALTH AND EDUCATION PASSPORT** (CWS/CMS document and any related documentation)
- \_\_\_\_\_ CHILD'S PLACEMENT HISTORY
- \_\_\_\_\_ CHILD'S HISTORY / FAMILY LIFE EXPERIENCES PRIOR TO OUT-OF-HOME CARE  
(INCLUDING HISTORY OF ABUSE OR NEGLECT)

## PSYCHOSOCIAL AND MEDICAL HISTORY OF CHILD - CONTINUATION

THE FOLLOWING ADDITIONAL REPORTS ARE ATTACHED:

TYPE OF REPORT	PROVIDER	DATE OF REPORT

\_\_\_\_\_ THE AGENCY'S RECOMMENDATIONS/COMMENTS TO THE ADOPTIVE FAMILY (attach additional page if needed)

THE FOLLOWING RECORDS OR DOCUMENTS ARE UNAVAILABLE:

RECORDS/REPORTS	DATE(S)	REASON UNAVAILABLE

The adoptive parents have been provided with all available medical, psychological and social background information available to the department or agency concerning the above named child.

ADOPTIONS CASE WORKER	AGENCY	DATE
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### Notice to Adoptive Parents

Based on the agency's evaluation, the adoption agency believes the attached information is true and accurate as far as it is aware.

California law requires that a child may not be placed for adoption unless a written report on the child's medical background is provided. This form and the attached documents are provided to meet that requirement. Your signature below verifies your receipt of this information.

I/We acknowledge that I/we have been advised to consult a physician and/or mental health professional for evaluation or interpretation of the attached documents about the psychosocial and medical history of the above-named child.

**I/WE ACKNOWLEDGE THAT WE HAVE IN OUR POSSESSION ALL THE ABOVE LISTED DOCUMENTS CONCERNING MY/OUR ADOPTIVE CHILD.**

PROSPECTIVE ADOPTIVE PARENT	DATE
PROSPECTIVE ADOPTIVE PARENT	DATE