



BIRTH MOTHER INTAKE FORM

Packet Sent: _____

Put in Computer: _____

Date: _____

IDENTIFYING INFORMATION OF BIRTH MOTHER

Name: _____

Is this adoption confidential? _____

Phone number: _____

Age and date of birth: _____ Religion _____

Street Address: _____

City, State and Zip code: _____

House: _____ Apartment Name: _____

Cross Streets: _____ Landmark: _____

Employer: _____ Work Hours _____ Work phone: _____

Emergency contact name and phone number: _____

_____ Is he/she aware of adoption? Yes No Will Be

SSN: _____ Place of Birth: _____

Race of Birth Mother: _____ Native American Indian? YES NO Are you or any member of your family registered? YES NO Which tribe: _____

French Irish Greek Italian English German Dutch Scottish Scandinavian Hispanic

Other: _____ Race of Child: _____

MEDICAL

Due date: _____ Has the due date been confirmed? YES / NO

If no when was your first day of your last menstrual period? _____

Pregnancy calculator (wheel) due date is _____ Calculated by: _____

Have you had an ultrasound? YES NO If yes Date: _____

Sex of baby? Male / female / unknown comments: _____

Amniocentesis (if over 35 years) Results: _____

Do you have any medical coverage? YES / NO / Will be / have Applied / don't qualify

Do you have transportation to and from your Doctor? YES / NO
Who is your doctor? _____ Phone number: _____
Address: _____
When was your last appointment? _____ Next appointment: _____
Is he/she aware of the adoption? _____ What hospital are you using? _____
Hospital Phone # _____ Hospital Address: _____
Do you take any illegal drugs? What, and how often? _____
Marijuana, Cocaine, Methamphetamines, Heroin, Hallucinogens, Inhalants, IV Drugs
Do you drink alcohol? How much and how often? YES / NO _____
Do you smoke cigarettes? YES NO How many per day? _____ lights/medium/regular
Do you have any medical problems? _____
Preeclampsia / eclampsia / edema
Have you had an HIV Test? Yes or No If yes when _____ and where _____
Have you ever received any psychiatric counseling / treatment? YES / NO
How long? _____ At what age? _____ Inpatient / Outpatient
Diagnosis: _____ Medication prescribed: _____
Is there any mental illness in your family? YES / NO If yes who? _____
Height: _____ Non-pregnant weight: _____ Eye color: Brown Green Blue Hazel
Hair color: Black / Brown / Blond / Auburn Any natural: wave / Curly / Straight?
Skin complexion: Fair / Medium / Olive / Dark / Tan
Body Build: Small / Medium / Big Boned
Are you a Twin: YES / NO Identical / Fraternal Is other a Male or Female?
Do you have other children? YES / NO Whom do they live with? _____
Ages / gender? _____
What is their health history? _____
Have you ever considered adoption during a previous pregnancy? YES / NO
What was your previous labor like (length, vaginal, caesarean)? _____

Total pregnancies: _____ Total miscarriages: _____ Total abortions: _____

PERSONAL

Never been married Married - when and where: _____

Husband's name: _____

Address (if different than yours): _____

Home phone: _____ Work phone: _____

Employer: _____

Separated - When and where: _____

Divorced - When and where: _____

Are you a member or eligible for membership of a Native American Tribe? If yes, are you registered? What tribe? _____

What kind of education do you have? _____

Do you plan to continue your education? YES / NO If yes what is your major _____

Why did chose our Agency:

Anything else you want to tell us: _____

Other information: _____

BIRTH FATHER INTAKE

Birth Father's name: _____
Street address: _____
City, state and zip code: _____
Phone number: _____ Age and date of birth: _____
SSN: _____ Place of Birth: _____
Employer: _____ Phone number: _____
Address: _____
Hours worked: _____ Marital status: M / S / D / ____
Height: _____ Weight: _____ Eye color: Black / Brown / Green / Blue / Hazel
Hair color: Brown / Black / Blond / Auburn Hair Texture: Wavy / Curly / Straight
Race: _____ Skin complexion: Fair / Medium / Olive / Tan / Dark
Is he a member or eligible for membership in a Native American Indian Tribe? If yes, is he registered? What tribe? _____
Are any of his relatives members of any Native American Indian Tribe? YES NO
What kind of education does he have? _____
What is your current relationship with him? Great / Good / Rocky / Over / Other _____
Is he aware of the pregnancy? YES / NO Does he agree with adoption? _____
Will he consent to adoption? _____ Has he given you financial support? _____
Were there any drugs or alcohol involved? _____
Marijuana, Cocaine, Methamphetamines, Heroin, Hallucinogens, Inhalants, IV Drugs
Does he smoke cigarettes? YES / NO Other: _____
Has he ever received any psychiatric counseling/treatment? YES / NO
How long? _____ At What Age? _____ Inpatient / Outpatient
Diagnosis: _____ Medication Prescribed: _____
Do his parents know about the pregnancy? ____ Is he close to his parents? _____
How many siblings does he have? _____ Sisters? _____ Brothers? _____
Is he close to his siblings? YES / NO Are they aware of the pregnancy? YES / NO
Does he have any other children? YES / NO If yes, how many? _____

What is his medical history? Healthy / Other: _____

Are there any other possible birth fathers? YES / NO If yes whom? _____

