



BIRTH MOTHER INTAKE FORM

BIRTH MOTHER INFO:

BIRTH FATHER INFO:

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ Race _____ State _____ Zip _____ Race _____

Phone Number _____ Phone Number _____

Birthdate//Age _____ Marital Status _____ Birthdate//Age _____ Marital Status _____

Due Date _____ Ultrasound _____ Sex of Child _____

Height _____ Weight _____ Height _____ Weight _____

Color Eyes _____ Color Hair _____ Color Eyes _____ Color Hair _____

Drugs _____ What Kind _____ Drugs _____ What Kind _____

Alcohol _____ Smoke _____ Alcohol _____ Smoke _____

Do You Have Other Children _____

Any Pertinent Medical History _____

Are You Receiving Medical Care _____ Dr's Name _____

Are You On Medicaid _____ Medicaid # _____ Where At _____

Reason for Placing Child for Adoption _____

Are You Willing to Relinquish Your Parental Rights to This Child _____

What Are You Looking for in an Adoptive Family _____

Will You Accept an Alternative Family _____

Are You Working _____

Needs Assessment:

Rent _____ Utilities _____ Phone _____ Groceries _____ Clothes _____

Where Did You Here About Us _____

Other _____
