

INTAKE FORM INTERNATIONAL ADOPTION CLINIC



Please bring any medical or other pertinent records to the visit, including immunization history and laboratory studies from abroad or in the U.S.

Child's name: _____

Caregivers' names: _____

Address: _____

Name of the child's primary care doctor/provider: _____

Country of Origin: _____ Adoption Agency: _____

Language(s) spoken/exposed to in the country of origin: _____

Date of birth: _____ Date of adoption: _____

Length of time spent in orphanage/foster care: _____

Please list any current or past medical diagnoses _____

Please list any allergies to medications _____

Please list any medications your child is currently taking _____

Do you have any concerns in the following areas that you would like addressed during your clinic visit today? If so, please explain.

Medical	Yes	No	
Emotional/behavioral	Yes	No	
Speech/language	Yes	No	
Fine motor	Yes	No	
Gross motor	Yes	No	
Eating/Feeding	Yes	No	
Sleep	Yes	No	
Sensory	Yes	No	
Other	Yes	No	