BIRTH FATHER'S
SOCIAL AND MEDICAL HISTORY

Birth Father's Personal Information:

FATHER'S FULL NAME:	BIRTH DATE:
PLACE OF BIRTH:	Social Security Number:

HEIGHT	WEIGHT	EYE COLOR
SKIN COLOR/COMPLEXION	HAIR COLOR/TYPE/LENGTH	ETHNICITY/CULTURAL HERITAGE
BUILD	RIGHT or LEFT HANDED	BLOOD TYPE

Age of Onset of Puberty	Problems Experienced
Dental History (braces, root canals, cavities, crowns)	
Does he wear glasses? ☐ YES ☐ NO	If Yes: ☐ Astigmatic ☐ Far Sighted ☐ Near Sighted ☐ Amblyopia (Lazy eye) ☐ Strabismus (Cross-eyed)

DESCRIPTION OF PERSONALITY:

SIGNIFICANT CHILDHOOD EVENTS:

EMPLOYMENT HISTORY:

HOBBIES, SPECIAL SKILL, OR TALENTS:

PLANS FOR FUTURE:

PSYCHOLOGICAL COUNSELING HISTORY:

TRIBAL INFORMATION, IF APPLICABLE:

Additional Information/Summary:

Birth Father's History -- RELIGION & EDUCATION:

Religious Affiliation	**Degree of Religious Interest**
Number of Years Attended School	**Scholastic Performance**
Favorite School Subjects	

Additional Information/Summary

Birth Father's Marital/Significant Relationship Information:

Date of Marriage (or Significant Relationship)	To	Date Relationship Ended

BIRTH FATHER -- BIRTH FAMILY HISTORY:

Mother's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Father's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Sister's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

Sister's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Sister's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Brother's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Brother's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Brother's Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

Maternal Grandmother	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Maternal Grandfather	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Maternal Aunt	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Maternal Aunt	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Maternal Uncle	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Maternal Uncle	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

Paternal Grandmother	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Paternal Grandfather	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Paternal Aunt	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

Paternal Aunt	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Paternal Uncle	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Paternal Uncle	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

Other Family -- Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Other Family -- Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Other Family -- Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**
Other Family -- Name	**DOB/Age**	**Whereabouts**	**Historic Relationship/Connection with this Child:**

WAS ANYONE IN BIRTH FATHER'S FAMILY ADOPTED:

BIRTH FATHER'S RELATIONSHIP WITH HIS PARENTS:

BIRTH FATHER'S RELATIONSHIP WITH HIS SIBLINGS:

BIRTH FATHER'S RELATIONSHIP WITH HIS EXTENDED FAMILY:

Additional Information/Summary:

Person Completing this Form: _____ Date Completed: _____

Person Completing this Form: _____ Date Completed: _____

Person Updating this Form: _____ Date Revised: _____

Person Updating this Form: _____ Date Revised: _____

BIRTH PARENT MEDICAL INFORMATION

PLEASE CHECK ANY OF THE FOLLOWING MEDICAL CONDITIONS WHICH ARE IN YOUR FAMILY HISTORY -- INCLUDE THE PERSON□S RELATIONSHIP TO YOU AND THEIR NAME

(This should include your parents, maternal and paternal grandparents, siblings, aunts, uncles, cousins, etc.)

MEDICAL CONDITIONS	RELATIONSHIP TO YOU	NAME OF PERSON W/CONDITION
☐ Alcoholism		
☐ Allergies (Specify type)		
☐ Cancer		
☐ Cerebral Palsy		
☐ Diabetes		
☐ Drug Addiction		
☐ Emphysema		
☐ Eye Problems		
☐ Heart Disease		
☐ Kidney Disease		
☐ Mental Health Issues		
☐ Multiple Sclerosis		
☐ Nervous Disorders		
☐ Obesity		

Please provide specific details of important medical information, including any deaths that resulted from the diseases in your family history: