Department of Health & Human Services

Non-identifying health, genetic, and social history

This form is required when a child born in Utah is adopted. Utah Code 81-13-503. Date : _____

Please provide the requested information in the form below. The information you give us will be included in the DHHS adoption file and will be shared with the adoptive family. The information may also be requested by authorized individuals referenced in statute 81-13-503. The child-placing agency may also keep a copy of the report and provide it to a child adoptee who is 18 years old or older, a pre-existing parent, or an adoptive parent. If necessary, the data may be accessed by contractors who are a part of the DHHS technical team. All fields are required per statute 81-13-503. There are potential consequences for not providing this data per statute 26B-1-224. This data is part of the record series 28618.

Agency or individual making the placement

1. Individual, attorney, or agency:_____

1a. Name of person to contact for further information: _____

2. Mailing address: _____

3. Email address: _____ 4. Phone: _____

5. Adoption finalized in city/county: _____ 6. Date finalized: _____

Adoptee information

7. Name(s): _____

8. Date of birth:_____ 9. City and county of birth: _____

10. Birth mother's city and county of residence at time of child's birth: _____

If unable to obtain information

The agency responsible for the placement of this child was unable to obtain any additional non-identifying health, genetic, and social information relating to the child because: (check all that apply)

- ☐ The child's birth mother failed/refused to provide any information
- ☐ The child's birth father failed/refused to provide any information
- ☐ The identity of the child's mother is unknown
- ☐ The identity of the child's father is unknown
- ☐ Other. Please explain: _____

You may turn in only page 1 if unable to obtain further information.

Signature of agency representative: _____

Birth mother information—facts at the time of the adoptee's birth

11. During the pregnancy were you diagnosed as: ☐ Anemic ☐ Diabetic ☐ Gestational diabetic ☐ Hypertension ☐ Toxemia/eclampsia

12. Did you have x-rays during this pregnancy? ☐ Yes ☐ No If yes, what procedure/type? _____

13. Weight gain during this pregnancy _____lbs.

14. Delivery history: Weeks gestation _____ Length of labor _____ hours
APGARS (1/5) _____ Birth weight _____lbs. _____ oz.

15. This birth: single, twin, triplet (specify): _____ 16. If not a single birth, born 1st, 2nd, 3rd? _____

17. Month pregnancy prenatal care began: _____ 18. Number of prenatal visits: _____

19. Describe any prenatal complications: _____

20. Previous live births now living: _____ 21. Previous live births now dead: _____

22. Other pregnancies—number of miscarriage or induced terminations: _____

23. Type of delivery anesthesia: ☐ none ☐ paracervical block ☐ epidural spinal block ☐ general ☐ local

24. Type of delivery: ☐ c-section ☐ normal vaginal ☐ forceps assisted ☐ vacuum assisted ☐ other (specify):_____

25. If c-section, give indication: ☐ breech presentation ☐ cephalopelvic disproportion ☐ fetal distress ☐ other (specify):_____

Birth father information—facts at the time of the adoptee's birth

26. Number of living children: _____ 27. Number of children not living: _____

28. Number miscarriages or induced terminations: _____

Birth parent and family social and health history information

Please make additional copies of these pages as needed for each family member you choose to include.

☐ Birth mother ☐ Birth father
☐ Mother of birth mother ☐ Father of birth mother ☐ Mother of birth father ☐ Father of birth father

1. Marital status: ☐ Married ☐ Single ☐ Married to second birth parent ☐ Separated ☐ Divorced ☐ Widowed	2a. Currently living, or age at death?	2b. Cause of death?
	3. Enrolled member of a Native American tribe, Alaskan Village or affiliated with a tribe? ☐ Yes ☐ No If yes, list tribe:	
4. Country or state of birth:	5. Race:	6. Ethnic heritage:
7. Height: 8. Weight:	9. Eye color:	10. Hair color and texture:
11. Complexion: fair, olive, dark etc.	12. Unique physical features:	
13. ☐ Right-handed ☐ Left-handed	14. Physical build: big/small boned, muscular etc.:	
15. Talents, hobbies and other interests:		
16. Describe personality:		
17. Was anyone in your family adopted? ☐ yes ☐ no If yes, what relation?	18. Your order of birth: Ex: 1st of 4 or 2nd of triplets, 3rd of 5	
19. Other information:		

Please make additional copies of these pages as needed for each family member you choose to include.

☐ Birth mother ☐ Birth father
☐ Mother of birth mother ☐ Father of birth mother ☐ Mother of birth father ☐ Father of birth father

1. Marital status: ☐ Married ☐ Single ☐ Married to second birth parent ☐ Separated ☐ Divorced ☐ Widowed	2a. Currently living, or age at death?	2b. Cause of death?
	3. Enrolled member of a Native American tribe, Alaskan Village or affiliated with a tribe? ☐ Yes ☐ No If yes, list tribe:	
4. Country or state of birth:	5. Race:	6. Ethnic heritage:
7. Height: 8. Weight:	9. Eye Color:	10. Hair color and texture:
11. Complexion: fair, olive, dark etc.	12. Unique physical features:	
13. ☐ Right-handed ☐ Left-handed	14. Physical build: big/small boned, muscular etc.:	
15. Talents, hobbies and other interests:		
16. Describe personality:		
17. Was anyone in this immediate family adopted? ☐ yes ☐ no If yes, what relation?	18. Your order of birth and number of siblings: Ex: 1st of 4 or 2nd of triplets, 3rd of 5	
19. Other information:		

Birth parent and family social and health history information

Please make additional copies of these pages as needed for each family member you choose to include.

☐ Sibling of birth mother ☐ Sibling of birth father ☐ Child of birth mother ☐ Child of birth father

1. Sex: ☐ Male ☐ Female ☐ Unknown/non-binary		2a. Currently living, or age at death?	2b. Cause of death?
3. Height:	4. Weight:	5. Eye color:	6. Hair color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. ☐ Right-handed ☐ Left-handed		10. Physical build: big/small boned, muscular etc.:	
11. Talents, hobbies and other interests:			
12. Describe personality:			
13. Other Information:			

Please make additional copies of these pages as needed for each family member you choose to include.

☐ Sibling of birth mother ☐ Sibling of birth father ☐ Child of birth mother ☐ Child of birth father

1. Sex: ☐ Male ☐ Female ☐ Non-binary/Unknown		2a. Currently living, or age at death?	2b. Cause of Death?
3. Height:	4. Weight:	5. Eye Color:	6. Hair Color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. ☐ Right-handed ☐ Left-handed		10. Physical Build: big/small boned, muscular etc.:	
11. Talents, hobbies and other interests:			
12. Describe personality:			
13. Other Information:			

Please make additional copies of these pages as needed for each family member you choose to include.

☐ Sibling of birth mother ☐ Sibling of birth father ☐ Child of birth mother ☐ Child of birth father

1. Sex: ☐ Male ☐ Female ☐ Non-binary/Unknown		2a. Currently living, or age at death?	2b. Cause of Death?
3. Height:	4. Weight:	5. Eye color:	6. Hair color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. ☐ Right-handed ☐ Left-handed		10. Physical build: big/small boned, muscular etc.:	
11. Talents, hobbies and other interests:			
12. Describe personality:			
13. Other information:			

Birth parent family medical history				☐ Birth mother ☐ Birth father
Condition	none	you	your blood relatives	Comments
			(Specify Relationship)	
Baldness	☐	☐		
Birth defects	☐	☐		
Club foot	☐	☐		
Cleft palate (harelip)	☐	☐		
Congenital heart disease	☐	☐		
Cancer (specify type) age at onset / part of body affected	☐	☐		
Asthma	☐	☐		
Eczema	☐	☐		
Other (specify)	☐	☐		
Allergies:				
Animals	☐	☐		
Food	☐	☐		
Hay fever/plants	☐	☐		
Medications	☐	☐		
Hives	☐	☐		
Other allergies	☐	☐		
Other (specify)	☐	☐		
Other (specify)	☐	☐		
Visual:				
Astigmatism	☐	☐		
Blindness	☐	☐		
Color blindness	☐	☐		
Glaucoma	☐	☐		
Nearsighted/farsighted	☐	☐		
Other (specify)	☐	☐		
Mental health condition: age at onset/treatment/hospitalization				
Bipolar (manic-depressive)	☐	☐		
Schizophrenia	☐	☐		
Severe depression	☐	☐		
Suicide	☐	☐		
Obsessive-compulsive disorder	☐	☐		
Personality disorder	☐	☐		
Alcoholism/drug addiction	☐	☐		
Other (specify)	☐	☐		
Other (specify)	☐	☐		
Hereditary disease:				
Cystic fibrosis	☐	☐		
Galactosemia	☐	☐		
Hemophilia	☐	☐		
Huntington's disease	☐	☐		
Other (specify)	☐	☐		

Birth parent family medical history				☐ Birth mother ☐ Birth father
Condition	None	you	your blood relatives	Comments
			(Specify relationship)	
Cardiovascular disease: Age at onset? Outcome?				
Heart attack	☐	☐		
Heart murmur	☐	☐		
High blood pressure	☐	☐		
Diabetes (specify type)	☐	☐		
Rheumatic fever	☐	☐		Did a heart murmur result?
Other (specify)	☐	☐		
Other (specify)	☐	☐		
Sexually transmitted disease: age at onset/treatment/hospitalization				
Syphilis	☐	☐		
HIV/AIDS	☐	☐		
Pelvic inflammatory disease	☐	☐		
Other, especially if birth mother infected at time of birth (specify)	☐	☐		
Other disease:				
Hepatitis (A, B or C?)	☐	☐		
Hypo- or hyperthyroidism	☐	☐		
Other (specify)	☐	☐		
Neurological disorder: severity/treatment/age at onset/frequency of events				
Cerebral palsy	☐	☐		
Muscular dystrophy	☐	☐		
Multiple sclerosis	☐	☐		
Epilepsy/convulsions (specify)	☐	☐		
Stroke	☐	☐		
Other (specify)	☐	☐		
Developmental disorder: type of education/treatment?				
Learning disability/attention deficit (specify type)	☐	☐		
Mental disorder (specify type)	☐	☐		
Down syndrome	☐	☐		
Speech or hearing problems	☐	☐		
Low birth weight	☐	☐		
Other (specify)	☐	☐		
Other: Any other condition that may affect the adoptee				
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

Birth mother history of medication, drug, and substance use			
Please list type of substance, dosage or amount, and length of time used.		Check when applicable Used before conception	Used during pregnancy
Prescription medication			
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
Over the counter drugs			
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
Other substances			
Alcohol		☐	☐
Cigarettes		☐	☐
Marijuana—recreational		☐	☐
Methamphetamine ('meth,' 'speed')		☐	☐
Downers (sleeping pills, benzodiazepines, barbiturates)		☐	☐
Cocaine ('crack')		☐	☐
Heroin/pain killers (codeine, hydrocodone)		☐	☐
Hallucinogens (LSD, Ecstasy/XTC, mushrooms, PCP)		☐	☐
		☐	☐
		☐	☐

Birth parent social and health history information ☐ Birth mother ☐ Birth father

If you wish, please add any additional information that will further describe you and your situation.
Consider schooling, health, career interests, military service, goals or hopes for the future, relationship history, religious or spiritual beliefs, challenges, strengths, etc. for you, your parents, and your extended family.