

6. Other (explain)

Illinois Department of Public Health ILLINOIS ADOPTION REGISTRY - MEDICAL QUESTIONNAIRE

(Enter all known information and add explanation/comments as necessary.) If answering "yes" to any item, specify item number (for example, A2, B4, etc.) and indicate self or family member. A. CONGENITAL IMPAIRMENTS No 1. Club foot or any other orthopedic problem 2. Cleft lip or cleft palate 3. Chromosome abnormality (explain) ā 4. Down's syndrome 5. Muscular dystrophy 6. Spina bifida ā 7. Congenital heart defect 8. Tay-Sachs disease 9. Fetal alcohol syndrome 10. Trisomy 21 11. Ambiguous genitalia 12. Hydrocephalus 13. Macrocephalus ā 14. Amencephalus 15. Microcephalus 16. Other (explain) **B. ALLERGIES** 1. Eczema or other skin condition 2. Hay fever or other allergy 3. Drug allergy (to what drugs?) $\bar{\Box}$ 4. Other (explain) C. EYE AND EAR DISORDERS 1. Blindness, glaucoma, color blindness or other visual problems 2. Deafness or other ear problems $\bar{\Box}$ 3. Other (explain) D. BLOOD AND CIRCULATORY DISORDERS 1. Hemophilia 2. Sickle cell anemia or trait 3. Anemia 4. Hypertension (high blood pressure) ā 5. Stroke 6. Heart attack ā 7. Arthritis 8. Kidney disease 9. Other (explain) E. RESPIRATORY DISORDERS 1. Asthma 2. Tuberculosis 3. Emphysema ā 4. Cystic fibrosis ā 5. Bronchial pulmonary disposia

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(metabolic, genetic or other) [Including ALS (Lou Gehrig's disease), gout, obesity, etc.] (list and explain)

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F.	HORMONAL DISORDERS 1. Diabetes 2. Thyroid disorder 3. Other (explain)	Yes	No	If answering "yes" to any item, specify item number (for example, A2, B4, etc.) and indicate self or family member.
G.	 MENTAL AND BEHAVIORAL DISORDERS 1. Schizophrenia 2. Manic depressive (bi-polar) 3. Clinical depression 4. Substance abuse (adopted person or birth parent) (list type and explain) 5. Obsessive-compulsive disorders 6. Eating disorders) 0000 00) 0000 00	
	7. Drug usage8. Autism9. Other (explain)			
Н.	MALIGNANT DISORDERS 1. Cancer (specify site) 2. Tumors 3. Hodgkin's disease 4. Other (explain)			
	NERVOUS SYSTEM DISORDERS 1. Multiple sclerosis 2. Huntington's disease 3. Cerebral palsy 4. Seizures or convulsions 5. Epilepsy 6. Other (explain)	00000		
J.	 INFECTIONS AND HOSPITALIZATION (explain) Repeated attacks of fever with known infection Repeated severe infection requiring hospitalization 			
	 Hospitalization Hospitalizations or operations, if any HIV/STDs (herpes, syphillis, etc.) Hepatitis Other (explain) 			
	DEVELOPMENTAL DELAYS 1. Speech challenged 2. Learning challenged 3. Mentally challenged 4. Physically challenged 5. Other (explain)			RELEASE: On the Information Exchange Authorization Form, the registrant may authorize the release of the information from this medical questionaire. DISCLAIMER: The Illinois Department of Public Health cannot guarantee the accuracy of medical information exchanged through the Adoption Registry as the information is submitted by the registrants, not the Department.
L.	OTHER IMPAIRMENTS, DISEASE OR DISORDERS			

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