**Section 500. APPENDIX E Adoptions Records**

**Section 500.ILLUSTRATION P Medical Questionnaire Form**

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| **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** | **Yes** | **No** |  |
| 1. | Club foot or any other orthopedic problem |  |  |  |
| 2. | Cleft lip or cleft palate |  |  |  |
| 3. | Chromosome abnormality (explain) |  |  |  |
| 4. | Down's syndrome |  |  |  |
| 5. | Muscular dystrophy |  |  |  |
| 6. | Spina bifida |  |  |  |
| 7. | Congenital heart defect |  |  |  |
| 8. | Tay-Sachs disease |  |  |  |
| 9. | Fetal alcohol syndrome |  |  |  |
| 10. | Trisomy 21 |  |  |  |
| 11. | Ambiguous genitalia |  |  |  |
| 12. | Hydrocephalus |  |  |  |
| 13. | Macrocephalus |  |  |  |
| 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?) |  |  |  |
| 4. | Other (explain) |  |  |  |
|  |  |  |  |
| **C. EYE AND EAR DISORDERS** |  |  |  |
| 1. | Blindness, glaucoma, color blindness or |  |  |  |
|  | other visual problems |  |  |  |
| 2. | Deafness or other ear problems |  |  |  |
| 3. | Other (explain) |  |  |  |
|  |  |  |  |
| **D. BLOOD AND CIRCULATORY DISORDERS** |  |  |  |
| 1. | Hemophilia |  |  |  |
| 2. | Sickle cell anemia or trait |  |  |  |
| 3. | Anemia |  |  |  |
| 4. | Hypertension (high blood pressure) |  |  |  |
| 5. | Stroke |  |  |  |
| 6. | Heart attack |  |  |  |
| 7. | Arthritis |  |  |  |
| 8. | Kidney disease |  |  |  |
| 9. | Other (explain) |  |  |  |
|  |  |  |  |
| **E. RESPIRATORY DISORDERS** |  |  |  |
| 1. | Asthma |  |  |  |
| 2. | Tuberculosis |  |  |  |
| 3. | Emphysema |  |  |  |
| 4. | Cystic fibrosis |  |  |  |
| 5. | Bronchial pulmonary disposia |  |  |  |
| 6. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **F. HORMONAL DISORDERS** | **Yes** | **No** |  |
| 1. | Diabetes |  |  |  |
| 2. | Thyroid disorder |  |  |  |
| 3. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **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 |  |  |  |
| 7. | Drug usage |  |  |  |
| 8. | Autism |  |  |  |
| 9. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **H. MALIGNANT DISORDERS** |  |  |  |
| 1. | Cancer (specify site) |  |  |  |
| 2. | Tumors |  |  |  |
| 3. | Hodgkin's disease |  |  |  |
| 4. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **I. NERVOUS SYSTEM DISORDERS** |  |  |  |
| 1. | Multiple sclerosis |  |  |  |
| 2. | Huntington's disease |  |  |  |
| 3. | Cerebral palsy |  |  |  |
| 4. | Seizures or convulsions |  |  |  |
| 5. | Epilepsy |  |  |  |
| 6. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **J. INFECTIONS AND HOSPITALIZATION** (explain) |  |  |  |
| 1. | Repeated attacks of fever with known infection |  |  |  |
| 2. | Repeated severe infection requiring |  |  |  |
|  | hospitalization |  |  |  |
| 3. | Hospitalizations or operations, if any |  |  |  |
| 4. | HIV/STDs (herpes, syphilis, etc.) |  |  |  |
| 5. | Hepatitis |  |  |  |
| 6. | Other (explain) |  |  |  |
|  |  |  |  |  |  |
| **K. DEVELOPMENTAL DELAYS** |  |  |  |
| 1. | Speech challenged |  |  |  |
| 2. | Learning challenged |  |  |  |
| 3. | Mentally challenged |  |  | **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.** |
| 4. | Physically challenged |  |  |
| 5. | Other (explain) |  |  |
|  |  |  |  |  |
| **L. OTHER IMPAIRMENTS, DISEASE OR DISORDERS** |  |  |  Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097 |
| **(metabolic, genetic or other)** [including ALS (Lou Gehrig's disease), gout, obesity, etc.] (list and explain) |  |  |  |  |
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