**Section 500. APPENDIX E Adoptions Records**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | |  | | |  |  | | | |  |
| VR 161.? (rev. 05/2000) | | | | | | | Printed by Authority of the State of Illinois P.O. # 30M 02/00 | | |

(Source: Amended at 24 Ill. Reg. 11882, effective July 26, 2000)