

**SOCIAL MEDICAL HISTORY
UPDATE FORM**

Name: _____ Maiden Name: _____ Date: _____

Physical Description

Hair Color: _____ Eyes: _____ Complexion: _____

Marital Status: _____ Height: _____ Weight: _____

Education: (highest grade completed): _____ Religion: _____

Health

Serious Illnesses: _____

Allergies: _____

Medication Allergies: _____

Hospitalizations: _____

Mental Health Problems/Concerns: _____

Other Health Concerns: _____

Family Medical Information (significant health problems of other family members)

Social (marriage, divorce, occupation, education, personal goals, etc.)

Special Talents, Trainings or Interests

Children (sex, age, health) – any birth siblings of adoptee

Please share your favorite memory or experience

Other information you would like to share.

Please feel free to use additional pages as necessary.