

TWIN PINES FAMILY SERVICES, LLC

1 Washington St. Suite A. Hopwood, PA. 15445
www.twin-pines.org

Office: 724-439-HOME
Fax: 724-439-4664

RESOURCE PARENT MEDICAL REPORT

This examination is required to determine whether the health of a prospective foster or adoptive parent will permit him or her to accept a foster child into his or her home. Current health, past health, as well as prognosis for the future health should be considered. This medical information is for the use of Twin Pines Family Services, LLC only. Fill out completely. To be updated every two years.

Patient's Name: _____ Date of Birth: _____
Address: _____
Weight: _____ Height: _____ Heart: _____ Lungs: _____
Blood Pressure: _____ General Vitality Level: High Moderate Low
Drug Test Administered (date): _____ (Attach Results)
TB Test or chest x-ray: _____ Date Given: _____ Date Checked: _____
Drug and/or alcohol problems: No Yes:
 Drugs Alcohol
 Past Current

Mental/Emotional concerns: _____
Medical findings/prognosis for continued health: _____
History of hospitalizations: No Yes
For what/when: _____

History of surgeries: No Yes
For what/when: _____

Referral to any specialist: No Yes
Please comment if there are any physical, mental, and/or emotional problems/concerns (past or present) that the agency should be aware of in considering patient for approval:

How long have you known the patient and/or the family? _____
The patient is free from communicable disease(s): No Yes
The patient is emotionally capable of carrying out parenting duties: No Yes
The patient can perform duties associated with parenting: No Yes
The patient is physically capable of lifting small children: No Yes
Medication List: _____

Date of Examination: _____
Physician Print: _____ Physician Signature: _____
Office Address: _____ Office Phone Number: _____
_____ Office Fax Number: _____