

TWIN PINES FAMILY SERVICES, LLC

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www.twin-pines.org

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

ADULT MEDICAL REPORT

This examination is required to determine the health of a prospective foster parent or adult residing in the home of a prospective foster parent. Current health, past health, as well as prognosis for future health should be considered. This medical information is for the use of Twin Pines Family Services, LLC only. Fill out completely. No form filled out by Med Express will be accepted. Test results *only* may be accepted from Med Express if they cannot be completed through a regular PCP. Twin Pines Family Services, LLC reserves the right to require additional medical testing and/or a renewed physical upon request as per policy.

Patient's Name: _____ Date of Birth: _____

Address: _____

Weight: _____ Height: _____ Heart: _____ Lungs: _____

Blood Pressure: _____ General Vitality Level: _____ High _____ Moderate _____ Low

TB Test or chest x-ray: _____ Date Given: _____ Date Checked: _____

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: _____