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.

	Yes	No
A. CONGENITAL IMPAIRMENTS		
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)	☐	☐

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	Yes	No
F. HORMONAL DISORDERS		
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, syphillis, etc.)	❑	❑
5. Hepatitis	❑	❑
6. Other (explain)	❑	❑
K. DEVELOPMENTAL DELAYS		
1. Speech challenged	❑	❑
2. Learning challenged	❑	❑
3. Mentally challenged	❑	❑
4. Physically challenged	❑	❑
5. Other (explain)	❑	❑
L. OTHER IMPAIRMENTS, DISEASE OR DISORDERS (metabolic, genetic or other) [Including ALS (Lou Gehrig's disease), gout, obesity, etc.] (list and explain)	❑	❑

If answering "yes" to any item, specify item number (for example, A2, B4, etc.) and indicate self or family member.

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.

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