Tennessee Department of Children's Services

Medical/Social History for Child and Child's Family Upon Surrender or Termination of Parental Rights

This form must be completed under oath prior to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. 36-1-111 (k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

The form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. 36-111(k) (l).

NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR OTHER LOCATION _____

COUNTY OF _____

OR OTHER CITY OR PROVINCE _____

Being duly sworn according to law, affiant would state:

The following information is true and correct to the best of my knowledge:

Person Completing This Form:

☐ Birth ☐ Legal Mother's Name: _____

☐ Birth ☐ Legal Father's Name: _____

Guardian(s) Name: _____

Address: _____ _____ _____ _____

Street/Rural Route/P.O. Box | City/Town | State | Zip

Home Telephone No.: ( ) - Work Telephone No.: ( ) -

Birth Mother's Race _____ Nationality _____

Birth Father's Race _____ Nationality _____

Birth Mother's Social Security # - - Driver's License # _____

Birth Father's Social Security # - - Driver's License # _____

Child's Name: _____ DOB: _____ Sex: _____ Race: _____

To indicate race, please use codes of AA (African American), AI (American Indian,) AS (Asian), CA (Caucasian), HI (Hispanic) or other (specify). To indicate a mixed racial heritage, write in more than one code. For example a child who is African American and Caucasian heritage, write in "AACA."

If Native American heritage is indicated, please specify:
Tribe: _____ Location: _____

The Parent is ☐ Registered ☐ Eligible to be, but not registered with the above tribe.

The Child is ☐ Registered ☐ Eligible to be, but not registered with the above tribe.

Marriages:

(If Parent Has Been Married, Complete the Following Information)

Name of Spouse (Include Maiden Name)	Date of Marriage	City/State Where Marriage Occurred	County of License

Divorces:

(Include Annulments/Separations/Any Types of Dissolution of Marriage)

Name of Spouse	Date and Type of Dissolution	City/State of Divorce Decree	Court

If Marriage Ended with the Death of a Spouse, Please Complete the Following Information:

Name of Spouse	Date of Death	City/County/State Where Death Occurred

Background Information for: _____

(Name of Child)

Information	Child's Birth Mother	Child's Birth Father
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		

Background Information for: _____

(Name of Child)

Information	Birth Mother's Mother	Birth Mother's Father
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Father's Mother	Birth Father's Father
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Mother's Maternal Grandmother	Birth Mother's Maternal Grandfather
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Father's Maternal Grandmother	Birth Father's Maternal Grandfather
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Mother's Paternal Grandmother	Birth Mother's Paternal Grandfather
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Father's Paternal Grandmother	Birth Father's Paternal Grandfather
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Mother's Sibling	Birth Mother's Sibling
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Information	Birth Father's Sibling	Birth Father's Sibling
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

(Name of Child)

Other Children Born to the Birth Mother

Information		
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Background Information for: _____

Other Children Born to the Birth Father

Information		
Full Legal Name		
Address Street/RR/P.O. Box City/Town/State/Zip		
Date of Birth		
Race/Ethnicity		
Hair Color		
Eye Color		
Skin Color		
Weight		
Height		
Education (Highest Grade Completed, Vocational/Assoc. College Degrees)		
Present Occupation: Name/Address of Employer		
Military Services: Branch of Services		
Years Served		
Date of Discharge		
Type of Discharge		
Rank		
Special Characteristics		
Hobbies, Interests and Talents		
Personality		
Religion		
General Health/History		
If Deceased Cause of Death		
Aware of Plan for Adoptive Placement	☐ Yes ☐ No	☐ Yes ☐ No

Use additional pages, if needed, to describe other children born to the birth mother or birth father.

Prenatal History

Month prenatal care began _____

During this pregnancy did you take any medication? ☐ Yes ☐ No

Experience physical complications? ☐ Yes ☐ No

Had any x-ray, electrocardiogram or radiation exposure? ☐ Yes ☐ No

If yes to any of the above, please explain:

Did you have any of the following during this pregnancy?

German Measles	☐ Yes	☐ No	Date
Venereal Disease	☐ Yes	☐ No	Date
Virus Type	☐ Yes	☐ No	Date
Infections Type	☐ Yes	☐ No	Date

Were you involved in any accidents during this pregnancy? ☐ Yes ☐ No

Were you sexually or physically abused during this pregnancy? ☐ Yes ☐ No

If yes to either of these questions, please explain:

Delivery History

Duration of Labor

Type of Delivery

Were there other pregnancies of the birth mother? ☐ Yes ☐ No

If yes, please describe the pregnancy and how the pregnancy ended (abortion, still birth, miscarriages, etc.)

Medical History for: _____

Name of Child: _____

Please indicate by a check mark (X) if you or any birth relative listed on pages 3 through 13 have ever been diagnosed with the following medical problems. Explain in the "Comments" section the specifics of the illness, the severity of the illness, age of onset of illness, type of treatment and outcome.

Medical Condition	Self Yes	Self No	Yes – Other Relative (Specify)	Comments
Acquired Immune Deficiency Syndrome (Aids)	☐	☐		
Alcoholism	☐	☐		
Allergies	☐	☐		
Arthritis	☐	☐		
Bone Disease	☐	☐		
Cancer	☐	☐		
Cerebral Palsy	☐	☐		
Cleft Palate	☐	☐		
Congenital Defects	☐	☐		
Coronary (Heart Problems)	☐	☐		
Cystic Fibrosis	☐	☐		
Deafness	☐	☐		
Diabetes	☐	☐		
Ear Infections	☐	☐		
Eczema	☐	☐		
Epilepsy/Seizures	☐	☐		
Gonorrhea/Syphilis	☐	☐		
Hay Fever/Asthma	☐	☐		
Hearing Problems	☐	☐		
Heart Problems	☐	☐		
Hemophilia	☐	☐		
Herpes	☐	☐		
Hodgkins	☐	☐		
Hormone Disorder	☐	☐		
Hypertension	☐	☐		
Kidney Disease	☐	☐		
Mental Illness	☐	☐		
Mental Retardation	☐	☐		
Migraines	☐	☐		
Multiple Sclerosis	☐	☐		
Muscular Dystrophy	☐	☐		
Narcotic Addiction	☐	☐		

Medical Condition	Self Yes	Self No	Yes – Other Relative (Specify)	Comments
Other Paralysis	☐	☐		
Other Medical Condition: (Specify)	☐	☐		
Other Substance Abuse	☐	☐		
Respiratory Disease	☐	☐		
Speech Problems	☐	☐		
Sickle-Cell Anemia	☐	☐		
Stroke	☐	☐		
Visual Problems	☐	☐		

Substance Use History - Birth Mother

Tobacco

Do you smoke? ☐ Yes ☐ No

If yes, describe how much you smoke _____

Did you smoke during this pregnancy? ☐ Yes ☐ No

If yes, frequency of habit _____

Alcohol

Do You Drink Alcohol? ☐ Yes ☐ No

If yes, describe how much you drink _____

Did you drink during this pregnancy? ☐ Yes ☐ No

If Yes To Either Question, Describe Your Drinking Habits, (i.e., Frequency, Type Alcohol Used, History of Alcohol Use)

Drugs:

Have You Ever Used Drugs? ☐ Yes ☐ No

If Yes, Describe Your Drug Use, (i.e., Type of Drug You Used, Frequency of Use, History of Drug Use Including Experimental Use).

Did You Use Drugs During This Pregnancy? ☐ Yes ☐ No

If Yes, Describe Your Drug Use (Including Prescription Drugs) Type of Drug, Frequency of Use And When The Drug Was Used.

Substance Use History - Birth Father

Alcohol

Do You Drink Alcohol? ☐ Yes ☐ No

If yes, describe how much you drink

If Yes To Either Question, Describe Your Drinking Habits, (i.e., Frequency, Type Alcohol Used, History of Alcohol Use)

Drugs:

Have You Ever Abused Prescription Drugs or Used Illegal Drugs? ☐ Yes ☐ No

If Yes, Describe Your Drug Use (i.e., Type of Drug You Used, Frequency of Use, History of Drug Use Including Experimental Use).

Psychiatric History: ☐ Birth Mother ☐ Birth Father

Have You Ever Received Psychological or Psychiatric Treatment? ☐ Yes ☐ No

Have You Ever Taken Psychiatric Medication? ☐ Yes ☐ No

If Yes To Either Question, Describe Treatment Issues, Diagnosis, Length Of Treatment And List

Medications Used During Treatment:

Other Information You Would Like to Share About Yourself, Your Social/Medical History, Your Birth Relatives or About the Circumstances Impacting Your Decision to Place Your Child for Adoption.

(If Additional Space Is Needed, Please Attach Sheets.)

Birth/Legal Mother:

Birth/Legal Father:

Legal Guardian(s):

Further Affiant Saith Not.

This _____ Day of _____, _____ 20 _____.

Signature _____

Parent or Legal Guardian

Sworn To And Subscribed Before Me This _____ Day of _____, _____ 20 _____.

_____

Notary Public

My Commission Expired: _____

Or

Please Print: _____

☐ Chancellor ☐ Circuit Judge ☐ Juvenile Court Judge

☐ Warden or ☐ Judge or ☐ Clerk of Court of Record in Another State; or

☐ U.S. Foreign Service Officers or

☐ Officers of the United States Armed Forces Authorized to Administer Oaths

When this form is being completed by DCS staff for pre-placement information purposes, and not as a part of the surrender process, the person completing the form should sign and date the form.

Signature: _____

County: _____ Date: _____