

Probate Court of Lake County, Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____

CASE NUMBER _____

PERSONAL AND MEDICAL INFORMATION FORM

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Work number: _____

Have you ever had: Tuberculosis _____ Epilepsy _____ Convulsions _____

Asthma _____ Kidney Trouble _____ Rheumatism _____ Pleurisy _____

Syphillis/Gonorrhoea _____ Nervous Breakdown _____

Have you undergone any operation? _____

When: _____ For what: _____

Results: _____

Have you ever used narcotics except when prescribed by a physician? _____

Have you ever used, or do you use, alcoholic stimulants to excess? _____

Has any member of your family or household had Tuberculosis or Insanity? _____

What diseases or injuries have you had in the last 10 years other than above mentioned? _____

Mother: Age if living _____ State of Health _____

Age at death _____ Cause _____

Father: Age if living _____ State of Health _____

Age at death _____ Cause _____

Remarks (use another sheet if necessary): _____

_____ Date

_____ Signature of petitioner/natural parent