

**PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA**

IN RE: ADOPTION OF _____

CASE NO. _____

PERSONAL AND MEDICAL INFORMATION FORM
(To be completed by Petitioner and Petitioner's Spouse, if applicable)

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Have you ever had treatment for a serious or chronic illness? Yes No

Have you been hospitalized in the last 5 years? Yes No

Have you ever received, or been advised to seek, mental health services? Yes No

Have you ever received, or been advised to seek, treatment for alcohol or substance abuse? ... Yes No

If any are checked, please explain: _____

Have you or your parents, grandparents, or siblings had any of the following? (check all that apply and indicate who)

Arthritis _____ Asthma _____ Cancer _____

Dementia _____ Diabetes _____ Epilepsy _____

Heart Disease _____ Hypertension _____ Kidney Disease _____

Stroke _____ Tuberculosis _____ Stroke _____

If any are checked, please explain: _____

Is there a history of other hereditary disease? Yes No

If yes, please explain: _____

ADDITIONAL COMMENTS, IF ANY: _____

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct.

Print Name _____

Signature _____