



Illinois Department of Public Health

ILLINOIS ADOPTION REGISTRY – MEDICAL QUESTIONNAIRE

- F. HORMONAL DISORDERS**
- | | Yes | No |
|---------------------|--------------------------|--------------------------|
| 1. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Thyroid disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- G. MENTAL AND BEHAVIORAL DISORDERS**
- | | | |
|--|--------------------------|--------------------------|
| 1. Schizophrenia | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Manic depressive (bi-polar) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clinical depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Substance abuse (adopted person or birth parent)
(list type and explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Obsessive-compulsive disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Eating disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drug usage | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Autism | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- H. MALIGNANT DISORDERS**
- | | | |
|--------------------------|--------------------------|--------------------------|
| 1. Cancer (specify site) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tumors | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hodgkin's disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- I. NERVOUS SYSTEM DISORDERS**
- | | | |
|----------------------------|--------------------------|--------------------------|
| 1. Multiple sclerosis | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Huntington's disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cerebral palsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seizures or convulsions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- J. INFECTIONS AND HOSPITALIZATION (explain)**
- | | | |
|--|--------------------------|--------------------------|
| 1. Repeated attacks of fever with known infection | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Repeated severe infection requiring hospitalization | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hospitalizations or operations, if any | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HIV/STDs (herpes, syphilis, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- K. DEVELOPMENTAL DELAYS**
- | | | |
|--------------------------|--------------------------|--------------------------|
| 1. Speech challenged | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Learning challenged | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Mentally challenged | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Physically challenged | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

- L. OTHER IMPAIRMENTS, DISEASE OR DISORDERS (metabolic, genetic or other) [Including ALS (Lou Gehrig's disease), gout, obesity, etc.] (list and explain)**
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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 questionnaire.

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.