UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS

Filing of Required Non-Identifying Health, Genetic and Social Histories with the Utah Adoption Registry

When a child born in Utah is adopted in Utah (excluding adoptions by a step-parent whose spouse is the adoptee's birth parent), a form, "Health, Genetic, and Social Histories" of the birth parent(s), **must be submitted to the Utah Department of Health, Office of Vital Records and Statistics**, P O Box 141012, Salt Lake City Utah 84114-1012, or fax to (801) 538-7012, Attn: Carolyn Lucas. This requirement was mandated by the Utah State Legislature in 1987. The following is an extract of the state statute that relates to these procedures:

> "78b-6-143. (1) Upon finalization of an adoption in this state, the person who proceeded on behalf of the petitioner for adoption, or a licensed child placing agency if an agency is involved in the adoption, shall file a report with the Office of Vital Records and Statistics established by the office. That report shall include a detailed health history, and a genetic and social history of the adoptee.
>
> (2) The report filed under Subsection (1) may not contain any information which identifies the adoptee's birth parents or members of their families.
>
> (3) When the report described in Subsection (1) is filed, a duplicate report shall be provided to the adoptive parents.

The history must not include any information that would identify the adoptee, the adoptee's birth parents, aunts, uncles, or grandparents. The forms must be completed under the direction of a licensed adoption agency or those acting in behalf of the petitioner(s). At the same time, a copy of the history is provided to the adoptive parents by the agency or person acting in behalf of the petitioner(s).

The Office of Vital Records will not prepare the "new" adopted birth certificate until the completed history is filed or the attorney and/or the agency handling the adoption provides a written explanation of why the history information is not available. There is no fee for filing the histories. The fee for the search and copy of the history or available information is $25.00. The birth parent(s) may update the history as needed for a $5.00 fee.

The accuracy and care you use in completing this form will be greatly appreciated. Past and present medical information is especially helpful in identifying potential health problems. Feel free to include additional information you believe is important. We understand some of the specific facts may not be known.

THANK YOU!

NON-IDENTIFYING INFORMATION FOR ADOPTION REGISTRY

The information in this report has been provided by the birth parent.
The Office of Vital Records and Statistics is not responsible for the accuracy of this information.

TO BE COMPLETED BY THE PERSON OR AGENCY MAKING PLACEMENT

(This information will not be released or shared)

1a. Name of agency or individual responsible for placement: _____

1b. Address: _____ City _____ State _____ Zip Code _____

2. Name of person to contact for further information: _____

3. Place where adoption was finalized: City _____ County _____ State _____

4. Date of finalization: _____ (Month/Day/Year) 5. Adoptee's Date of Birth: _____ (Month/Day/Year)

6. Adoptee's place of birth: City _____ County _____ State _____

7. Birth Mother Residence: City _____ County _____ State _____

☐ **BIRTH MOTHER INFORMATION**

(This information should reflect the facts as they were at the time the birth of the adopted child occurred)

8. During this pregnancy, were you diagnosed as: (check all that apply)

1 ☐ Anemic 3 ☐ Gestational diabetic
2 ☐ Diabetic

9. Did you have X-rays during this pregnancy?
If yes, what procedure/type? _____

10. Weight gained during this pregnancy? _____lbs.

11. Delivery history:
Weeks gestation _____ weeks

Length of labor: _____ hours

APGARS (1/5): _____

Birth weight: _____ lbs. _____ oz.

12. This birth: single, twin, triplet (specify): _____

13. If not single birth; born 1st, 2nd, 3rd: _____

14. Month pregnancy prenatal care began: _____

15. Prenatal Visits: total number (if none, so state) ____

16. Previous Pregnancies (complete each section):

LIVE BIRTHS:

16a. Now living _____ None ☐

16b. Now dead _____ None ☐

OTHER PREGNANCIES:

16c. Spontaneous/Induced Terminations _____ None ☐

17. Type of Delivery Anesthesia:

☐ None
☐ Pericervical block
☐ Epidural spinal block
☐ General
☐ Local

18. Type of Delivery:

☐ C-section
☐ Normal vaginal
☐ Forceps assisted
☐ Vacuum assisted
☐ Other (specify) _____

19. If C-section, give indication:

☐ Breech presentation
☐ Cephalopelvic disproportion
☐ Fetal distress
☐ Other (specify) _____

20. Primary Reason for Placement:

☐ Lack of support systems
☐ Lack of relationship with birth father
☐ Lack of financial resources
☐ Age (too young/old)
☐ Other (specify) _____

21. On a scale of 1 to 5, 5 being the worst, rate your stress level during the pregnancy:
1 2 3 4 5

☐ **BIRTH FATHER INFORMATION**

(This information should reflect the facts as they were at the time the birth of the adopted child occurred)

22. Previous Children (complete each section)

LIVE BIRTHS:

22a. Now living _____ None ☐

22b. Now dead _____ None ☐

OTHER PREGNANCIES:

22c. Spontaneous/Induced Terminations _____ None ☐

23. Primary Reason for Placement:

☐ Lack of support systems
☐ Lack of relationship with birth mother
☐ Lack of financial resources
☐ Age (too young/old)
☐ Other (specify) _____

PRENATAL CARE DURING THIS PREGNANCY

Describe any complications:

DESCRIPTION OF SELF

Marital Status:
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If married or separated ☐ Civil marriage ☐ Religious ceremony (Specify)

Are you an enrolled member of a Native American tribe, Alaskan Village or affiliated with a tribe?
☐ Yes ☐ No

If yes, what tribe?

Religion:

Ethnic background (e.g., English, German, etc.):

Country or State of birth:

Race (e.g., Black, White, American Indian, Japanese, etc.):

Height:	Weight:	Hair color & texture:	Eye color:

Unique physical features (e.g., freckles, moles, etc.):

Complexion:
☐ Fair ☐ Medium ☐ Olive ☐ Dark

☐ Right-handed ☐ Left-handed

Physical build (e.g., big/small boned, long/short limbed, muscular, etc.):

Talents, hobbies and other interests:

Which of the following describe your personality? (check all that apply):

☐ Aggressive	☐ Emotional	☐ Happy	☐ Nervous	☐ Self-confident	☐ Stubborn
☐ Calm	☐ Friendly	☐ Helpful	☐ Outgoing	☐ Temperamental	☐ Serious
☐ Critical	☐ Fun	☐ Irresponsible	☐ Rebellious	☐ Shy	☐ Unhappy

Comments:

EDUCATION

Last grade level completed:	Average grade received or GPA:	Presently in school: ☐ Yes ☐ No

Future plans for schooling:

Subjects you are interested in:

Any school-related problems or challenges (Tutoring, Special Ed etc.):

Additional educational experiences :

EMPLOYMENT HISTORY

Current Occupation:

Military Service ☐ Yes ☐ No
If yes, branch of service:

Vocational Training:

Work History:

FAMILY HISTORY

Was anyone in your family adopted? ☐ Yes ☐ No If yes, whom?	Your order of birth (e.g., 1st of 4):
Personal relationship with parents, siblings or extended family members:	Summarize adjustment to pregnancy. Include how you and your parents adjusted to the pregnancy, and if you had peer support.

YOUR BIRTH PARENTS

	Father	Mother
Age (If deceased, state age at death):		
Health problems:		
Height/Weight:		
Hair/Eye color:		
Build:	☐ small ☐ medium ☐ large ☐ extra large	☐ small ☐ medium ☐ large ☐ extra large
Complexion:	☐ fair ☐ medium ☐ olive ☐ dark	☐ fair ☐ medium ☐ olive ☐ dark
Right/Left handed:		
Description of personality, e.g. happy, shy, serious, nervous, stubborn, etc.):		
Talents, hobbies, interests:		
Education:		
Occupation:		
Number of siblings:		
Race (Black, White, American Indian, etc.):		
Country or State of birth:		
Ethnic background (e.g., English, German):		
Religion:		
Marital status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Aware of this pregnancy?	☐ Yes ☐ No	☐ Yes ☐ No

YOUR BIRTH BROTHERS AND SISTERS (CHILD'S UNCLES AND AUNTS)

	1) ☐ Brother ☐ Sister	2) ☐ Brother ☐ Sister
Age (If deceased, state age at death and cause of death):		
Health problems:		
Height/Weight:		
Hair/Eye color:		
Build:	☐ small ☐ medium ☐ large ☐ extra large	☐ small ☐ medium ☐ large ☐ extra large
Complexion:	☐ fair ☐ medium ☐ olive ☐ dark	☐ fair ☐ medium ☐ olive ☐ dark
Right/Left handed:		
Talents, hobbies, interests:		
Education (last grade completed):		
Occupation:		
Religion:		
Marital status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Health of children (if any):		
Aware of this pregnancy:	☐ Yes ☐ No	☐ Yes ☐ No

	3) ☐ Brother ☐ Sister	4) ☐ Brother ☐ Sister
Age (If deceased, state age at death and cause of death):		
Health problems:		
Height/Weight:		
Hair/Eye color:		
Build:	☐ small ☐ medium ☐ large ☐ extra large	☐ small ☐ medium ☐ large ☐ extra large
Complexion:	☐ fair ☐ medium ☐ olive ☐ dark	☐ fair ☐ medium ☐ olive ☐ dark
Right/Left handed:		
Talents, hobbies, interests:		
Education (last grade completed):		
Occupation:		
Religion:		
Marital status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Health of children (if any):		
Aware of this pregnancy:	☐ Yes ☐ No	☐ Yes ☐ No

	5) ☐ Brother ☐ Sister	6) ☐ Brother ☐ Sister
Age (If deceased, state age at death and cause of death):		
Health problems:		
Height/Weight:		
Hair/Eye color:		
Build:	☐ small ☐ medium ☐ large ☐ extra large	☐ small ☐ medium ☐ large ☐ extra large
Complexion:	☐ fair ☐ medium ☐ olive ☐ dark	☐ fair ☐ medium ☐ olive ☐ dark
Right/Left handed:		
Talents, hobbies, interests:		
Education (last grade completed):		
Occupation:		
Religion:		
Marital status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Health of children (if any):		
Aware of this pregnancy:	☐ Yes ☐ No	☐ Yes ☐ No

YOUR CHILDREN

	1) ☐ Son ☐ Daughter	2) ☐ Son ☐ Daughter
Age (If deceased, state age at death):		
Height/Weight:		
Hair/Eye color:		
Build: Complexion:	☐ small ☐ medium ☐ large ☐ extra large ☐ fair ☐ medium ☐ olive ☐ dark	☐ small ☐ medium ☐ large ☐ extra large ☐ fair ☐ medium ☐ olive ☐ dark
Child is being raised by:	☐ Myself ☐ Natural Father ☐ Grandparent ☐ Godparent ☐ Other ☐ Adoptive Family	☐ Myself ☐ Natural Father ☐ Grandparent ☐ Godparent ☐ Other ☐ Adoptive Family
Describe any current and past medical conditions as well as any treatment or medications child is taking:		
Choose some words to describe this child's personality:		
Child's personal interests (art, reading, games, animals, etc.)**:**		
Involvement in sports, teams, or other programs for youth (Baseball, karate, dance, scouts, YWCA, etc.):		
Special talents or abilities:		
Last grade completed in school : Attending school now?	K 1 2 3 4 5 6 7 8 9 10 11 12 ☐ Yes ☐ No	K 1 2 3 4 5 6 7 8 9 10 11 12 ☐ Yes ☐ No
Which school subjects does this child excel in?		
Describe any school related problems or challenges:		
Weight at birth:		
Length of pregnancy (weeks):		
Weaned from breast feeding (weeks):		
Spoke first words (months):		
Walked without help (months):		
Toilet trained (months):		
First attended pre-school or daycare (age and length of time):		

MEDICAL HISTORY

Please indicate by checking "None" or "You" if you or any genetic (birth) relatives (i.e., your mother, father, sisters, brothers, grandparents, uncles, aunts or any other children you have had) ever had or now has any of the medical conditions listed below. Please explain in the comment section.

MEDICAL CONDITION	NONE	YOU	YOUR RELATIVE (SPECIFY RELATIONSHIP)	COMMENTS
Baldness:				
Birth Defects:				
Club foot:				
Cleft palate (harelip):				
Congenital heart disease:				
Cancer (specify type):				Age at onset? Part of body affected?
Other (specify):				

ALLERGIES	NONE	YOU	YOUR RELATIVE (SPECIFY RELATIONSHIP)	COMMENTS
Animals:				
Asthma:				
Eczema:				
Food:				
Hay fever/Plants:				
Hives:				
Medications:				
Other allergies:				
Other (specify):				
Other (specify):				

VISUAL IMPAIRMENT				
Astigmatism:				
Blindness:				
Color blindness:				
Other (specify):				
Other (specify):				

EMOTIONAL/MENTAL ILLNESS				Age at onset? Treatment? Hospitalization?
Bipolar (manic-depressive):				
Schizophrenia:				
Severe depression:				
Suicide:				
Obsessive-Compulsive disorder:				
Personality disorder:				
Alcoholism/Drug addiction:				
Other (specify):				
Other (specify):				

HEREDITARY DISEASES	NONE	YOU	YOUR RELATIVE (SPECIFY RELATIONSHIP)	COMMENTS Age at onset? Treatment? Hospitalization?
Cystic fibrosis:				
Galactosemia:				
Hemophilia:				
Huntington's disease:				
Hypothyroidism or hyperthyroidism:				
Other (specify):				

CARDIOVASCULAR DISEASE				Age at onset? Outcome?
Heart attack:				
Heart murmur:				
High blood pressure:				
Diabetes (specify type):				Age at onset? Treatment?
Other (specify):				
Other (specify):				

SEXUALLY TRANSMITTED DISEASES				Age at onset? Treatment? Hospitalization?
Chlamydia:				
Gonorrhea:				
Herpes:				
Syphilis:				
HIV/AIDS:				
Pelvic inflammatory disease:				
Other (specify):				

NEUROLOGICAL DISORDERS				
Cerebral palsy:				Severity? Treatment?
Muscular dystrophy:				
Multiple sclerosis:				
Epilepsy/Convulsions (Specify):				Age at onset? Frequency? Treatment?
Stroke:				
Rheumatic fever:				Did heart murmur result?
Other (specify):				

DEVELOPMENTAL DISORDERS	NONE	YOU	YOUR RELATIVE (SPECIFY RELATIONSHIP)	COMMENTS
Learning disability/Attention deficit (specify type):				Type of education? Treatment?
Mental retardation (specify type):				Diagnosis? Severity? Type of education?
Downs Syndrome:				
Speech or hearing problems:				
Low Birth Weight:				
Other (specify):				
Other (specify):				
Other (specify):				

HISTORY OF DRUG USE

Types of Drugs			Dosage or amount and length of time used	Date of last use	When used
Prescription	Specify Type (e.g., Prozac, accutane, etc.):				☐ Before conception ☐ After conception
Over-the-counter	Specify Type (e.g., diet pills, antihistamine, etc.):				☐ Before conception ☐ After conception
Other Types of Drugs Used:	Alcohol	Specify Type:			☐ Before conception ☐ After conception
	Methamphetamine "Meth" or Speed"	Specify Type:			☐ Before conception ☐ After conception
	Downers (i.e., sleeping pills, benzodiazepines, barbiturates, etc.)	Specify Type:			☐ Before conception ☐ After conception
	Cocaine "Crack"	By injection? ☐ Yes ☐ No			☐ Before conception ☐ After conception
	Heroin/Pain Killers (codeine, hydrocodone)	By injection? ☐ Yes ☐ No			☐ Before conception ☐ After conception
	Hallucinogens (i.e., LSD, Ecstasy or XTC, mushrooms, PCP, etc.)	Specify Type:			☐ Before conception ☐ After conception
	Cigarettes	Specify Type:			☐ Before conception ☐ After conception
	Marijuana				☐ Before conception ☐ After conception
Other	Specify Type:				☐ Before conception ☐ After conception
Other	Specify Type:				☐ Before conception ☐ After conception
Other	Specify Type:				☐ Before conception ☐ After conception

If you wish, please add any additional information that will further describe you and your situation. (Consider your schooling, health, work, goals or hopes for the future, relationship history, religious or spiritual beliefs, challenges, strengths, etc.)

NON-IDENTIFYING HEALTH, GENETIC & SOCIAL INFORMATION FOR UTAH ADOPTION REGISTRY

Adoptee's date of birth: _____
(Month/Day/Year)

Adoptee's place of birth:_____
(City, County, State, Country)

Birth mother's residence at time of child's birth:_____
(City, County, State, Country)

Date of adoption finalization:_____
(Month/Day/Year)

Place of adoption finalization:_____
(City, County, State, Country)

Name/address of agency responsible for placement: _____

_____

_____

Agency representative to contact for more information:_____

The agency responsible for the placement of this child was unable to obtain any additional non-identifying health, genetic & social information relating to the child because (check all that apply):

☐ The child's birth mother failed/refused to provide any information.

☐ The child's birth father failed/refused to provide any information.

☐ The identity of the child's mother is unknown.

☐ The identity of the child's birth father is unknown.

☐ Other
(explain):_____

_____

_____

Signature of Agency Representative