

## Non-Identifying Health, Genetic and Social History

This form is required when a child born in Utah is adopted in Utah. Utah Code 78b-6-143.

Adoptions by a step-parent whose spouse is the adoptee's birth parent do not require this form.

AGENCY OR INDIVIDUAL MAKING THE PLACEMENT				
Individual, Attorney or Agency:				
1a. Name of person to contact for further information:				
2. Mailing Address:				
3. Email Address:	4. Phone:			
5. Finalized in City/County:	6. Date Finalized:			
ADOPTEE INFORMATION				
7. Name(s):				
8. Date of Birth: 9. City and County of Birth:				
10. Birth Mother's city and county of residence at time of child's birth:				
IF UNABLE TO OBTAIN INFO				
The agency responsible for the placement of this child was unable to obtai genetic, and social information relating to the child because: (check all that a line of the child's birth mother failed / refused to provide any information of the child's birth father failed / refused to provide any information of the child's mother is unknown of the child's father is unknown of the child is unknown of the child's father is unknown of the child is unknown of t	You may turn in page 1 alone if unable to obtain further info.			
Signature of Agency representative:				
BIRTH MOTHER INFORMATION - facts at the time of the adoptee's birth				
11. During the pregnancy were you diagnosed as: [ ] Anemic [ ] Hypertension [ ] Toxemia/Eclampsia 12. Did you have X-rays during this pregnancy? [ ] Yes [ ] No 13. Weight gain during this pregnancy lbs. 14. Delivery history: Weeks gestation APGARS (1/5)	[ ] Diabetic [ ] Gestational Diabetic  If Yes, what procedure/type?  Length of Labor hours  Birth weight lbs oz.			
15. This birth: single, twin, triplet (specify:) 16. If not a s	single birth, born 1st, 2nd, 3rd? of prenatal Visits:			
	s live births now dead			
23. Type of Delivery Anesthesia: [ ] None [ ] Pericervical block [ ] Epidural Spinal block [ ] General [ ] Local 24. Type of Delivery: [ ] C-Section [ ] Normal Vaginal [ ] Forceps Assisted [ ] Vacuum Assisted				
BIRTH FATHER INFORMATION - facts at the time of the adoptee's birth				
	of children not living			
ADOPTION REGISTRY ONLINE SUBMISSION: AdoptionRegistry.utah.gov · MA 801-538-6105 · Fax 801-538-7012 · vrequest@utah.gov · vitalrecords.				

BIRTH PARENT and FAMILY SOCIAL AND HEALTH HISTORY INFORMATION						
Please make additional copies of these pages as needed for each family member you choose to include.  [ ] BIRTH MOTHER [ ] BIRTH FATHER						
		HER OF BIRTH MOTH	HER [ ] MOTHER	OF BIRTH FATHER [ ] FATHER OF BIRTH FATHER		
1. Marital Status: 2a. Currently livir			,	2b. Cause of		
[ ] Married	[ ] Single	or age at death?		Death?		
[ ] Married to second b	irth parent	3. Enrolled member	r of a Native Americar	n tribe, Alaskan Village or affiliated with a tribe?		
[ ] Separated		[ ] Yes [ ] No				
[ ] Divorced			If yes, list Tribe:			
[ ] Widowed						
4. Country or State of birth:		5. Race:		6. Ethnic Heritage:		
7. Height:	8. Weight:	9. Eye Color:		10. Hair Color		
7.1.0.8.11.	0. 110.8.11.	3. 2,0 00.0		and texture:		
11. Complexion:						
fair, olive, dark etc.		features:	•			
	[ ] Left-handed	14. Physical Build:				
15. [ ] Night-handed	[ ] Lett-Handed	big/small boned, m	uscular otc:			
15. Talents, hobbies and	ather interests:	big/sitiali botteu, iti	iusculai etc.			
13. Talefits, floubles and	other interests.					
16. Describe personality	:					
17. Was anyone in your	family adopted? [ ]	Ves [ ] No	18. Your order of bir	+h·		
If yes, what relation?	ianniy adopted: [ ]	103 [ ]110	Ex: 1st of 4 or	ui.		
ii yes, what relation:			2nd of triplets, 3rd	of 5		
19. Other Information:			Zila di triplets, Sia	01.3		
19. Other information.						
Diago make additions	al conice of these no	was as pooded for as	oh family mambary	au abaga ta ingluda		
Please make additiona  [ ] BIRTH MOTHER		ges as needed for ea	ich family member y	ou choose to include.		
		HER OF BIRTH MOTH	HER [ ] MOTHER	OF BIRTH FATHER [ ] FATHER OF BIRTH FATHER		
1. Marital Status:		2a. Currently living,		2b. Cause of		
[ ] Married	[ ] Single	or age at death?		Death?		
[ ] Married to second b	<del>-</del>		prolled member of a Native American tribe, Alaskan Village or affiliated with a tribe?			
[ ] Separated	c par c	[ ] Yes [ ] No		Table, Alabam Timage of animated trial a time.		
[ ] Divorced		[ ] (65 [ ] (10	If yes, list Tribe:			
[ ] Widowed			11 yes, 11st 111be.			
4. Country or		E Paco:		6. Ethnic		
· ·		5. Race:				
State of birth:	0.144-1-1-1	0.5 . 0.1		Heritage:		
7. Height:	8. Weight:	9. Eye Color:		10. Hair Color		
				and texture:		
11. Complexion:		12. Unique physical				
fair, olive, dark etc.		features:				
13. [ ] Right-handed [ ] Left-handed 14. Physical Build:		14. Physical Build:				
		big/small boned, m	iuscular etc:			
15. Talents, hobbies and other interests:						
16. Describe personality:						
,						
17. Was anyone in this immediate family adopted?  18. Your order of birth and number of siblings:						
[ ] Yes [ ] No Ex: 1st of 4 or						
			2nd of triplets, 3rd	of 5		
If yes, what relation?			zna or triplets, sra	UI J		
19. Other Information:						
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				tah gov o LIDOH-OVRS-320 July 2021 o Page 2		

		HEALTH HISTORY INFORMATION ges as needed for each family m			
[ ] SIBLING OF BIRTH	MOTHER [ ]SIBLI	NG OF BIRTH FATHER [ ] CHI	LD OF BIRTH MOTHER [ ] CHILD OF BIRTH FATHER		
1. Sex: [ ] Male [ ] Female [ ] Unknown/non-binary		2a. Currently living, or age at death?	2b. Cause of Death?		
3. Height:	4. Weight:	5. Eye Color:	6. Hair Color and texture:		
7. Complexion: fair, olive, dark etc.		8. Unique physical features:			
	] Left-handed	10. Physical Build:			
big/small boned, muscular etc:  11. Talents, hobbies and other interests:					
12. Describe personality:					
19. Other Information:					
Please make additiona	I copies of these page	ges as needed for each family m	ember you choose to include.		
		NG OF BIRTH FATHER [ ] CHI	LD OF BIRTH MOTHER [ ] CHILD OF BIRTH FATHER		
1. Sex: [ ] Male [ ] Fe [ ] Non-binary/Unknowr		2a. Currently living, or age at death?	2b. Cause of Death?		
3. Height:	4. Weight:	5. Eye Color:	6. Hair Color		
7. Complexion:		8. Unique physical	and texture:		
fair, olive, dark etc.  9. [ ] Right-handed [	1 Left-handed	features: 10. Physical Build:			
3. [ ] Night-handed [	j Leit-Handed	big/small boned, muscular etc:			
11. Talents, hobbies and other interests:					
12. Describe personality:					
19. Other Information:					
Please make additiona	I copies of these page	ges as needed for each family m	ember you choose to include.		
			LD OF BIRTH MOTHER [ ] CHILD OF BIRTH FATHER		
1. Sex: [ ] Male [ ] Fe		2a. Currently living, or age at death?	2b. Cause of Death?		
3. Height:	4. Weight:	5. Eye Color:	6. Hair Color		
7. Complexion:		8. Unique physical	and texture:		
fair, olive, dark etc.		features:			
	] Left-handed	10. Physical Build: big/small boned, muscular etc:			
11. Talents, hobbies and other interests:					
12. Describe personality:					
19. Other Information:					
125. Other information.					
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BIRTH PARENT FAMILY MEDICAL HI				[ ] BIRTH MOTHER [ ] BIRTH FATHER
CONDITION	NONE	YOU	YOUR BLOOD RELATIVE	COMMENTS
			(Specify Relationship)	
Baldness				
Birth Defects				
Club foot				
Cleft palate (harelip)				
Congenital heart disease				
Cancer (specify type) Age at onset?				
Part of body affected?				
Asthma				
Eczema				
Other (specify)				
ALLERGIES:				
Animals				
Food				
Hay fever/plants				
Medications				
Hives				
Other allergies				
Other (specify)				
Other (specify)				
VISUAL:				
Astigmatism				
Blindness				
Color blindness				
Glaucoma				
Nearsighted/farsighted				
Other (specify)				
2.2.2 (SP.2.2 II)				
EMOTIONAL/MENTAL ILLNESS: Age at	onset? T	restmen	t? Hospitalization?	
	onset: 1	reatimen	t: Hospitalization:	
Biopolar (manic-depressive)				
Schizophrenia				
Severe depression				
Suicide				
Obsessive-Compulsive disorder				
Personality disorder				
Alcoholism / drug addiction				
Other (specify)				
Other (specify)				
HEREDITARY DISEASE:				
Cystic fibrosis				
Galactosemia				
Hemophilia				
Huntington's disease				
Other (specify)				
Other (specify)				
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BIRTH PARENT FAMILY MEDICAL HISTORY				[ ] BIRTH MOTHER [ ] BIRTH FATHER
CONDITION	NONE	YOU	YOUR BLOOD RELATIVE	COMMENTS
			(Specify Relationship)	
CARDIOVASCULAR DISEASE: Age at on	iset? Outco	me?		
Heart Attack				
Heart murmur				
High blood pressure				
Diabetes (specify type)				
Rheumatic fever				Did heart murmur result?
Other (specify)	ļ			
Other (specify)				
SEXUALLY TRANSMITTED DISEASE: Ag	e at onset?	Treatment <sup>2</sup>	? Hospitalization?	
Syphilis				
HIV / AIDS				
Pelvic inflammatory disease				
Other, esp if birth mother infected at				
time of birth (specify)				
OTHER DISEASE:				
Hepatitis (A, B or C?)				
Hypo or hyper -thyroidism				
Other (specify)				
etile. (openity)				
NEUROLOGICAL DISORDER: Severity?	Treatment	l 2 Δσe at ons	et? Frequency of events?	
Cerebral palsy		. Age at one	set: Trequency of events:	
Muscular dystrophy				
Multiple sclerosis				
Epilepsy / Convulsions (specify)				
Stroke				
Other (specify)				
DEVELOPMENTAL DISORDER: Type of		Treatment	?	
Learning disability/attention deficit (specify type)				
Mental disorder (specify type)				
Down Syndrome				
Speech or hearing problems				
Low birth weight				
Other (specify)				
OTHER: Any other condition that may	affect the a	dontee		
S	arrest the d			
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BIRTH MOTHER HISTO	RY OF MEDICATION, DRUG, AND SUBSTANCE USE		
Please list type of substance,		check when app	
		USED BEFORE	
BB556B1B716A1A45B16A716A		CONCEPTION	PREGNANCY
PRESCRIPTION MEDICATION	N .		
OVER THE COUNTER DRUG			
OTHER SUBSTANCE			
Alaahal			
Alcohol			
Cigarettes			
- 0-			
Marijuana - recreational			
Methamphetamine ('meth',			
'speed')			
Downers (sleeping pills, benzodiazepines,			
barbiturates)			
barbituratesj			
Cocaine ('crack')			
Heroin / pain killers			
(coedeine, hydrocodone)			
Hallucinogens (LSD,			ļ
Ecstasy/XTC, mushrooms,			ļ
PCP)			
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BIRTH PARENT SOCIAL AND HEALTH HISTORY INFORMATION	[ ] BIRTH MOTHER [ ] BIRTH FATHER			
If you wish, please add any additional information that will further describe y				
Consider schooling, health, career interests, military service, goals or hopes for the future, relationship history,				
religious or spiritual beliefs, challenges, strengths, etc. for you, your parents and your extended family.				
Tenglous of spiritual benefis, chancinges, strengths, etc. for you, your parents and your extended family.				
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