BRITISH COLUMBIA | Ministry of Children and Family Development

PHYSICIAN'S REPORT ON APPLICANT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Adoption Act* and/or the *Child, Family and Community Act (CFCS Act).* Under certain circumstances, the collected information may be subject to disclosure as per the *CFCS Act* and/or the *Freedom of Information and Protection of Privacy Act.* Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch, (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, B.C. V8W 9S1.

A physician's report is required for the homestudy process.

TO BE COMPLETED BY THE APPLICANT:

Physician's Name: ______________________ Telephone Number: ( ) ______________

Office Address: ____

City/Town: ______________________ Province: __________ Postal Code: ______________

I, ______________________ (FIRST, MIDDLE AND LAST NAME OF APPLICANT) of ______________________ (HOME ADDRESS)

______________________ (CITY/PROVINCE), ( ) ______________ (TELEPHONE NUMBER)

ask that you provide the Ministry of Children and Family Development (the "Ministry") with the following medical information, which will help the Ministry assess my ability and suitability to meet the needs of a child through adoption.

I consent to the disclosure of this information, and permit you to release the information to the Ministry for the period of one year, unless revoked by me in writing. I also authorize you to discuss the content of this report with my Worker:

______________________ (NAME OF WORKER), ______________________ (MCFD OFFICE MAILING ADDRESS*),

______________________ (CITY/TOWN), ______________ (POSTAL CODE), who can be reached at ( ) ______________ (TELEPHONE NUMBER).

______________________ (SIGNATURE OF APPLICANT) ______________ (DATE (YYYY/MM/DD))

- Contact your Adoption Worker to obtain the mailing address. For assistance in locating a worker in your region, contact Enquiry BC at 1-800-663-7867 or check the blue pages of your telephone directory for the MCFD office nearest to you.

TO BE COMPLETED BY THE PHYSICIAN: (if more space is required, please attach separate sheets)

1. On what date did you examine* the applicant for this report? ______________ (DATE (YYYY/MM/DD))

2. How long has the applicant been known to you? Since: ______________ (DATE (YYYY/MM/DD))

3. Please describe any health problems that would affect the applicant's ability to provide for the physical, emotional and personal care of the child(ren) now and in the future.

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* For the purpose of this report, examination means any physical examination, laboratory test, or other assessment which in the opinon of the physician is necessary to assess the physical and mental health of the applicant to be an adoptive person.

4. To your knowledge, has the applicant ever received or required treatment for any emotional problems? ☐ YES ☐ NO

If yes, please specify the nature of the problem and the type and dates of any treatment received.

5. To your knowledge, has the applicant ever received or required psychiatric treatment? ☐ YES ☐ NO

If yes, please specify the nature of the problem and the type and dates of any treatment received.

6. To your knowledge, has the applicant ever received or required treatment because of use of drugs and/or alcohol?

☐ YES ☐ NO

If yes, please specify the problem and the type of treatment received.

7. To your knowledge, has the applicant ever received or required treament because of domestic violence?

☐ YES ☐ NO

If yes, please specify the problem and the type of treatment received.

8. Please comment on the applicant's general health and give your opinion as to whether the applicant's physical and mental health enables them to undertake and follow through with the responsibilities of parenthood.

NAME OF PHYSICIAN	SIGNATURE OF PHYSICIAN	DATE (YYYY/MM/DD)

When completed, please return this form to my worker at the address stated on previous page.