



## CENTER FOR COUNSELING & FAMILY RELATIONSHIPS

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### **Adoption Information Form**

Parent's Name Completing Form: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **Adoption Information**

1. Was your adoption open or closed?
2. What was the age of your child at adoption?
3. Was your child from outside the United States?
4. Does your child know that they are adopted?
5. What information is known about the birth mother?
  
6. What information is known about the birth father?
  
7. What information is known about environments and extended families of the birth parents?
  
8. Additional Information: Include, if available, ages, medical information, reasons for adoption, life circumstances of the child prior to adoption (e.g., Was the child in foster care or an orphanage? What is known about this time?).
  
9. How did the child do with attachment to adoptive parents, siblings, and other family members and friends?
  
10. Is their information you have not shared with your child about their adoption?

#### **Open Adoption Information**

1. How was the relationship with the birth parent(s) prior to your child being adopted?
2. How much time did your child spend with the birth parent(s) before their adoption?
3. Did anyone else take care of the baby?
4. What is the present agreement for communication with the birth family?