STARFISH babies

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The Medical Doctor

MEDICAL REPORT FORMS REGARDING:

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The abovementioned patient/couple has applied to be place of safety parent/parents for a child in need of care.

As part of our enquiry into their eligibility we would like to receive your opinion regarding their health/medical status.

It will be appreciated if you could complete the attached forms and return it to janice@starfish.org.za as soon as possible. If there is anything you would like to discuss personally, please contact me telephonically.

Thank you for your co-operation.

Yours sincerely

Janice Spencer
Operations Manager
Starfish Babies/Projects
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1. MEDICAL HISTORY

Is there any history of the following medical conditions?

MEDICAL CONDITION	YES	NO	DESCRIPTION, EXTENT AND DURATION OF THE CONDITION	TREATMENT OF THE CONDITION
Respiratory conditions, e.g., asthma, bronchitis, silicosis, TB, fibrosis, emphysema, etc.				
Neurological conditions e.g., Epilepsy, tumours, paralysis etc.				
Cardiac problems e.g., high blood pressure, heart failure, myocardial infarction, etc.				
Nephrological/ Urological conditions e.g., kidney failure, carcinoma, STD's etc.				
Endocrine conditions e.g., diabetes, diseases of the thyroid gland, pituitary gland dysfunction, etc.				
Rheumatoid conditions, e.g., arthritis, muscle diseases, etc.				
Psychiatric conditions, e.g., depression, mood disorders, anxiety-based disorders, schizophrenic and delusional disorders, personality disorders, substance abuse and other addictive disorders.				

MEDICAL CONDITION	YES	NO	DESCRIPTION, EXTENT AND DURATION OF THE CONDITION	TREATMENT OF THE CONDITION
Gastric and intestinal conditions, e.g., ulcers, chronic diarrhoea, etc.				
Blood related conditions e.g., leukemia, anaemia, etc.				
Conditions of the immune system e.g., HIV, etc.				
Genetic conditions, e.g. porphyry, etc.				
Other conditions, e.g., eye- and hearing problems, etc.				
Physical abnormalities or disabilities e.g., blind, deaf, amputations, etc.				

1.1 Previous surgery?

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1.2 Previous and present medication prescribed where relevant?

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2. DO YOU CONSIDER THE PATIENT WITH REGARD TO HIS MEDICAL & MENTAL PROFILE AND LIFE EXPECTANCY AS PHYSICALLY FIT TO CARE FOR A CHILD?
(Motivate)

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3. FERTILITY

Is there any possibility of increasing the family? YES…….. NO……
If the answer is NO, what is the cause thereof?

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4. IS THE PATIENT RECEIVING ANY KIND OF THERAPY?

YES…….. NO……

If the answer is YES, please give the name and tel no. of the therapist?

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5. COMMENTS

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MEDICAL DOCTOR SIGNATURE

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DATE